

FORM 1 GENERAL	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> RECEIVED MAR 31 2008 OHIO EPA N.W.D.O. </div>
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		General Motors Powertrain Defiance Plant 26427 State Route 281 East P.O. Box 70 Defiance OH 43512 26427 State Route 281 East P.O. Box 70 Defiance OH 43512 Defiance	
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .			
SPECIFIC QUESTIONS		MARK 'X'	SPECIFIC QUESTIONS
		YES NO FORM ATTACHED	YES NO FORM ATTACHED
this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D. Is this a proposed facility (other than those described A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
E. Is this a facility which does not discharge process wastewater ? (FORM 2E)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)
S. This space is reserved for FORM 2S		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
III. NAME OF FACILITY General Motors Powertrain Defiance Plant			
FACILITY CONTACT A. NAME & TITLE (last, first, title) Jahi White Sr. Environmental Engineer			
B. PHONE (area code & no.) (419) 784-7403			
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 26427 State Route 281 East P.O. Box 70			
B. CITY OR TOWN Defiance		C. STATE OH	D. ZIP CODE 43512
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 26427 State Route 281 East P.O. Box 70			
B. COUNTY NAME Defiance			
C. CITY OR TOWN Defiance		D. STATE OH	E. ZIP CODE 43512
F. COUNTY CODE 20			
EPA Form 3510-1 (Rev. 12/96)		CONTINUE ON REVERSE	

PAID

Amount \$ 200.00 Date 4/16/08
 Check # 2353127 Date 4/3/08

REC'D APR 14 2008

CONTINUED FROM THE FRONT

I. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
(specify)	321 Grey Iron Foundry	(specify)	3315 Aluminum Casting Foundry
C. THIRD		D. FOURTH	
(specify)		(specify)	

II. OPERATOR INFORMATION

A. NAME			B. Is the name listed in Item VIII-A also the owner? <input type="radio"/> Yes <input checked="" type="radio"/> No
General Motors Corporation; Thomas Neelands			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify.)			D. PHONE (area code & no.)
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P (specify)	(248) 753-4296

E. STREET OR P.O. BOX

000 Centerpoint Parkway

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
Pontiac	MI	48341	Is this facility located on Indian lands? <input type="radio"/> Yes <input checked="" type="radio"/> No

LISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to surface water)	D. PSD (Air emissions from proposed sources)	
2IN00004*HD	03-20-01-0001	
B. UIC (Underground injection of fluids)	E. OTHER (specify)	(specify)
N/A	Land Fill License	Solid Waste Facility License Class III
C. RCRA (Hazardous waste)	F. OTHER (specify)	(specify)
OHD005050273	N/A	

I. MAP

Attach to this application a topographical map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

☒ Yes ☐ No

II. NATURE OF BUSINESS (provide a brief description)

Production facility for manufacture of aluminum, grey, malleable, and nodular iron castings for automotive and industrial uses.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Thomas W Neelands Global Director		03/27/2008 00/00/0000

COMMENTS FOR OFFICIAL USE ONLY

FORM 2C NPDES EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL OPERATIONS
 Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	41	17	18	84	19	1	Maumee River
002	41	17	39	84	18	58	Maumee River
004	41	17	30	84	19	3	Maumee River
005	41	17	35	84	17	56	Maumee River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Please view the Spillware file for the requested information.

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes ☒ No

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ YES (complete Item III-B)

☐ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)

☒ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

IV. IMPROVEMENTS

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)

☒ NO (go to Item IV-B)

B. OPTIONAL: You may attach additional sheets describing any additional water pollution prevention control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See Instructions before proceeding - Complete one set of tables for each outfall - Annotate the outfall number in the space provided.

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	88 acres	1075 acres	004	1.5 acres on site	29 acres on site, several acres off site
002	88 acres	1075 acres	005	0 acres	27 acres

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials; management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	cupola cooling water, cupola emissions system, slurry system, dust collection, core machine cooling, A/C condensate, evaporative cooler, make-up air units, stormwater, core box cleaning, dredging operation, maint. parts cleaning steam booth, plt 1 core dip, cold box tool cleaning, core container cleaning, floor washdowns, landfill leachate & pumping station, tool cleaning	1C, 1R, 1U, 2A, 2C, 2J, 5E, 4A, 5Q, 4C

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	88 acres	1075 acres	004	1.5 acres on site	29 acres on site, several acres off site
002	88 acres	1075 acres	005	0 acres	27 acres

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water, method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
004	Storm water ditch on west end of property to river with a pump station designed to capture and pump first flush of storm events into the process water	1U, 4A
005	Storm water discharge from landfill runoff basin to river on northeast corner of property	1U, 4A

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

I. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or product?

☐ YES

(list all such pollutants below)

☒ NO

(go to Item VI-B)

II. BIOLOGICAL TOXICITY TESTING DATA

do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES

(identify the test(s) and describe their purposes below)

☐ NO

(go to Section VIII)

part of the current NPDES permit, the plant has conducted annual evaluations of acute and chronic toxicity. The results of the testing indicate that the plant effluent is less than 1.0 TUA and less than 1.0 TVC. The plant has used a following environmental laboratory to perform the effluent toxicity testing for the plant's NPDES requirements.

1. Environmental Consulting, LLC

W. Michigan Ave.

inton, MI 49236

(734) 456-6881

III. CONTRACT ANALYSIS INFORMATION

were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES

(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)


☐ NO

(go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)
East America	4101 Shuffel Drive NW	(330) 497-9396
	North Canton OH 44720-	

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
Thomas W. Neelands, Global Director	248-753-4296
SIGNATURE	D. DATE SIGNED
 ROBERT S CAMP	03/27/2008

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

 OUTFALL NO.
001

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES			a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
Biochemical Oxygen Demand (BOD)	14	127.87					1	mg/l	kg/day			
Chemical Oxygen Demand (COD)	42.2	385.44					1	mg/l	kg/day			
Total Organic Carbon (TOC)	35	319.67					1	mg/l	kg/day			
Total Suspended Solids (TSS)	25	182.79			5.8	33.95	43	mg/l	kg/day	13.33		42
Ammonia (as N)	26	190.37			8.7	51.01	44	mg/l	kg/day	8.5		42
Flow	2.51				1.55		44	mgd	kg/day			
Temperature (Winter)	6				9.4		14	°C				
Temperature (Summer)	26				23.3		10	°C				
pH	7.7						44	Standard Units				

PART B - Mark 'X' in column 2-a for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)				d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE	
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		
Bromide	<input checked="" type="checkbox"/>	.9	8.22					1	mg/l	kg/day			
Chlorine, Total Residual	<input checked="" type="checkbox"/>	.03	.09			.003	.02	44	mg/l	kg/day	.023		42
Color	<input checked="" type="checkbox"/>	11						1	mg/l	kg/day			
Fecal Coliform	<input checked="" type="checkbox"/>	6	54.8					1	mg/l	kg/day			
Fluoride	<input checked="" type="checkbox"/>	17.9	163.49					1	mg/l	kg/day			
Nitrate-Nitrate (as N)	<input checked="" type="checkbox"/>	.8	7.31					1	mg/l	kg/day			
Nitrogen, Total Organic (as N)	<input checked="" type="checkbox"/>	3	27.4					1	mg/l	kg/day			
Oil and Grease	<input type="checkbox"/>								mg/l	kg/day	0		42
Phosphorus (as P), Total	<input checked="" type="checkbox"/>	.11	1					1	mg/l	kg/day			
Radioactivity:(1) Alpha, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(2) Beta, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(3) Radium, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(4) Radium 226, Total	<input type="checkbox"/>								mg/l	kg/day			
Sulfate (as SO4)	<input checked="" type="checkbox"/>	181	1653.17					1	mg/l	kg/day			
Sulfide (as S)	<input type="checkbox"/>								mg/l	kg/day			
Sulfite (as SO3)	<input type="checkbox"/>								mg/l	kg/day			
Surfactants	<input type="checkbox"/>								mg/l	kg/day			
Aluminum, Total	<input type="checkbox"/>								mg/l	kg/day			
Barium, Total	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Boron, Total	<input checked="" type="checkbox"/>	.436	3.98					1	mg/l	kg/day		
Cobalt, Total	<input type="checkbox"/>								mg/l	kg/day		
Iron, Total	<input checked="" type="checkbox"/>	.349	3.19					1	mg/l	kg/day		
Magnesium, Total	<input checked="" type="checkbox"/>	13.5	123.3					1	mg/l	kg/day		
Molybdenum, Total	<input checked="" type="checkbox"/>	74.2	.60			49.34	.29	5	ug/l	kg/day	66.03	4
Manganese, Total	<input checked="" type="checkbox"/>	.78	7.12					1	mg/l	kg/day		
Tin, Total	<input type="checkbox"/>								mg/l	kg/day		
Titanium, Total	<input type="checkbox"/>								mg/l	kg/day		

PART C - If you are primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark 'X' in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and non required GC/MS fractions), mark 'X' in column 2-b for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2, 4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES	
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS		
Metals, Cyanids, and Total Phenols													
Antimony, Total	<input type="checkbox"/>								ug/l	kg/day	2.5		4
Arsenic, Total	<input type="checkbox"/>								mg/l	kg/day			
Beryllium, Total	<input type="checkbox"/>								mg/l	kg/day			
Cadmium, Total	<input type="checkbox"/>								ug/l	kg/day	0		4
Chromium, Total	<input type="checkbox"/>								mg/l	kg/day			
Copper, Total	<input type="checkbox"/>								ug/l	kg/day	2.27		42
Lead, Total	<input checked="" type="checkbox"/>	17.1	.12			3.58	.02	44	ug/l	kg/day	12.25		42
Mercury, Total	<input checked="" type="checkbox"/>	.71	5.63			.26	1.51	5	mg/l	kg/day			
Nickel, Total	<input type="checkbox"/>								mg/l	kg/day			
Selenium, Total	<input type="checkbox"/>								mg/l	kg/day			
Silver, Total	<input type="checkbox"/>								mg/l	kg/day			
Thallium, Total	<input type="checkbox"/>								mg/l	kg/day			
Zinc, Total	<input checked="" type="checkbox"/>	156	1.21			56.11	.33	44	ug/l	kg/day	162.6		42
Cyanide, Total	<input checked="" type="checkbox"/>	.02	.12			.003	.02	5	mg/l	kg/day	.003		4
Phenols, Total	<input checked="" type="checkbox"/>	170	1.55			17.61	.10	44	ug/l	kg/day	17.67		42
Dioxin													
2,3,7,8-Tetrachlorodibenzo-P-Dioxin	<input type="checkbox"/>								mg/l	kg/day			
GC/MS Fraction - Volatile Compounds													
Acrolein	<input type="checkbox"/>								mg/l	kg/day			
Acrylonitrile	<input type="checkbox"/>								mg/l	kg/day			
Benzene	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	<i>(specify if blank)</i>		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1)	(2)	(1)	(2)	(1)	(2)		(1)	(2)			
		CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		CONCENTRATION	MASS	CONCENTRATION	MASS	
GC/MS Fraction - Volatile Compounds													
Bis (Chloromethyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bromoform	<input type="checkbox"/>								mg/l	kg/day			
Carbon Tetrachloride	<input type="checkbox"/>								mg/l	kg/day			
Chlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
Chlorodibromomethane	<input type="checkbox"/>								mg/l	kg/day			
Chloroethane	<input type="checkbox"/>								mg/l	kg/day			
2-Chloroethylvinyl Ether	<input type="checkbox"/>								mg/l	kg/day			
Chloroform	<input type="checkbox"/>								mg/l	kg/day			
Dichlorobromomethane	<input type="checkbox"/>								mg/l	kg/day			
Dichlorodiflouromethane	<input type="checkbox"/>								mg/l	kg/day			
1,1-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day			
1,2-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day			
1,1-Dichloroethylene	<input type="checkbox"/>								mg/l	kg/day			
1,2-Dichloropropane	<input type="checkbox"/>								mg/l	kg/day			
1,3-Dichloropropylene	<input type="checkbox"/>								mg/l	kg/day			
Ethylbenzene	<input type="checkbox"/>								mg/l	kg/day			
Methyl Bromide	<input type="checkbox"/>								mg/l	kg/day			
Methyl Chloride	<input type="checkbox"/>								mg/l	kg/day			
Methylene Chloride	<input type="checkbox"/>								mg/l	kg/day			
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>								mg/l	kg/day			
Tetrachloroethylene	<input type="checkbox"/>								mg/l	kg/day			
Toluene	<input type="checkbox"/>								mg/l	kg/day			
1,2-Transdichloroethylene	<input type="checkbox"/>								mg/l	kg/day			
1,1,1-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day			
1,1,2-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day			
Trichloroethylene	<input type="checkbox"/>								mg/l	kg/day			
Trichlorofluoromethane	<input type="checkbox"/>								mg/l	kg/day			
Vinyl Chloride	<input type="checkbox"/>								mg/l	kg/day			
GC/MS Fraction - Acid Compounds													
2-Chlorophenol	<input type="checkbox"/>								mg/l	kg/day			
2,4-Dichlorophenol	<input type="checkbox"/>								mg/l	kg/day			
2,4-Dimethyphenol	<input type="checkbox"/>								mg/l	kg/day			
4,6-Dinitro-O-Cresol	<input type="checkbox"/>								mg/l	kg/day			
2,4-Dinitrophenol	<input type="checkbox"/>								mg/l	kg/day			
2-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day			
4-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day			
P-Chloro-M-Cresol	<input type="checkbox"/>								mg/l	kg/day			
Pentachlorophenol	<input type="checkbox"/>								mg/l	kg/day			
Phenol	<input type="checkbox"/>								mg/l	kg/day			
2,4,6-Trichlorophenol	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	(specify if blank)		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
GC/MS Fraction - Base/Neutral Compounds													
Acenaphthene	<input type="checkbox"/>								mg/l	kg/day			
Acenaphtylene	<input type="checkbox"/>								mg/l	kg/day			
Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benzidine	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Benzo(a)fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (ghi) Perylene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (k) Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethoxy) Methane	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Ehtylhexyl) Phthalate	<input type="checkbox"/>								mg/l	kg/day			
4-Bromophenyl Phenyl	<input type="checkbox"/>								mg/l	kg/day			
Butyl Benzyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
2-Chloronaphthalene	<input type="checkbox"/>								mg/l	kg/day			
4-Chlorophenyl Phenyl Ether	<input type="checkbox"/>								mg/l	kg/day			
Chrysene	<input type="checkbox"/>								mg/l	kg/day			
Dibenzo (a,h) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
1,2,-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,3-Dicholorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,4-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
3,3-Dichlorobenzidine	<input type="checkbox"/>								mg/l	kg/day			
Diethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Dimethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Butyl Phthlate	<input type="checkbox"/>								mg/l	kg/day			
2,4-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
2,6-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Octyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
1,2-Diphenylhydrazine (as Azobenze	<input type="checkbox"/>								mg/l	kg/day			
Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Fluorene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobutadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorocyclopentadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachloroethane	<input type="checkbox"/>								mg/l	kg/day			
Indeno (1,2,3-cd) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Isophorone	<input type="checkbox"/>								mg/l	kg/day			
Napthalene	<input type="checkbox"/>								mg/l	kg/day			
Nitrobenzene	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1)	(2)	(1)	(2)	(1)	(2)			(1)	(2)	
		CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS			CONCENTRATION	MASS	
GC/MS Fraction - Base/Neutral Compounds												
N-Nitrosodimethylamine	<input type="checkbox"/>									mg/l	kg/day	
N-Nitrosodi-N-Propylamine	<input type="checkbox"/>									mg/l	kg/day	
N-Nitrosodiphenylamine	<input type="checkbox"/>									mg/l	kg/day	
Phenanthrene	<input type="checkbox"/>									mg/l	kg/day	
Pyrene	<input type="checkbox"/>									mg/l	kg/day	
1,2,4-Trichlorobenzene	<input type="checkbox"/>									mg/l	kg/day	
GC/MS Fraction - Pesticides												
Aldrin	<input type="checkbox"/>									mg/l	kg/day	
Alpha-BHC	<input type="checkbox"/>									mg/l	kg/day	
Beta-BHC	<input type="checkbox"/>									mg/l	kg/day	
Gamma-BHC	<input type="checkbox"/>									mg/l	kg/day	
Delta-BHC	<input type="checkbox"/>									mg/l	kg/day	
Chlordane	<input type="checkbox"/>									mg/l	kg/day	
4,4-DDT	<input type="checkbox"/>									mg/l	kg/day	
4,4-DDE	<input type="checkbox"/>									mg/l	kg/day	
4,4-DDD	<input type="checkbox"/>									mg/l	kg/day	
Dieldrin	<input type="checkbox"/>									mg/l	kg/day	
Alpha-Endosulfan	<input type="checkbox"/>									mg/l	kg/day	
Beta-Endosulfan	<input type="checkbox"/>									mg/l	kg/day	
Endosulfan Sulfate	<input type="checkbox"/>									mg/l	kg/day	
Endrin	<input type="checkbox"/>									mg/l	kg/day	
Endrin Aldehyde	<input type="checkbox"/>									mg/l	kg/day	
Heptachlor	<input type="checkbox"/>									mg/l	kg/day	
Heptachlor Epoxide	<input type="checkbox"/>									mg/l	kg/day	
PCB-1242	<input type="checkbox"/>									mg/l	kg/day	
PCB-1254	<input type="checkbox"/>									mg/l	kg/day	
PCB-1221	<input type="checkbox"/>									mg/l	kg/day	
PCB-1232	<input type="checkbox"/>									mg/l	kg/day	
PCB-1248	<input type="checkbox"/>									mg/l	kg/day	
PCB-1260	<input type="checkbox"/>									mg/l	kg/day	
PCB-1016	<input type="checkbox"/>									mg/l	kg/day	
Toxaphene	<input type="checkbox"/>									mg/l	kg/day	

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

 OUTFALL NO.
002

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Biochemical Oxygen Demand (BOD)	16						1	mg/l	kg/day		
Chemical Oxygen Demand (COD)	41.2						1	mg/l	kg/day		
Total Organic Carbon (TOC)	37						1	mg/l	kg/day		
Total Suspended Solids (TSS)	12						1	mg/l	kg/day		
Ammonia (as N)	11				7.2		2	mg/l	kg/day		
Flow	4.5						1	mgd	kg/day		
Temperature (Winter)	2.7						1	°C			
Temperature (Summer)	10.8						1	°C			
pH	7						2	Standard Units			

PART B - Mark 'X' in column 2-a for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Bromide	<input checked="" type="checkbox"/>	.8						1	mg/l	kg/day		
Chlorine, Total Residual	<input checked="" type="checkbox"/>	.1						1	mg/l	kg/day		
Color	<input checked="" type="checkbox"/>	40						1	mg/l	kg/day		
Fecal Coliform	<input checked="" type="checkbox"/>	2						1	mg/l	kg/day		
Fluoride	<input checked="" type="checkbox"/>	18						1	mg/l	kg/day		
Nitrate-Nitrate (as N)	<input checked="" type="checkbox"/>	1						1	mg/l	kg/day		
Nitrogen, Total Organic (as N)	<input checked="" type="checkbox"/>	4						1	mg/l	kg/day		
Oil and Grease	<input type="checkbox"/>								mg/l	kg/day		
Phosphorus (as P), Total	<input checked="" type="checkbox"/>	.5						1	mg/l	kg/day		
Radioactivity:(1) Alpha, Total	<input type="checkbox"/>								mg/l	kg/day		
Radioactivity:(2) Beta, Total	<input type="checkbox"/>								mg/l	kg/day		
Radioactivity:(3) Radium, Total	<input type="checkbox"/>								mg/l	kg/day		
Radioactivity:(4) Radium 226, Total	<input type="checkbox"/>								mg/l	kg/day		
Sulfate (as SO ₄)	<input checked="" type="checkbox"/>	186						1	mg/l	kg/day		
Sulfide (as S)	<input type="checkbox"/>								mg/l	kg/day		
Sulfite (as SO ₃)	<input type="checkbox"/>								mg/l	kg/day		
Surfactants	<input type="checkbox"/>								mg/l	kg/day		
Aluminum, Total	<input checked="" type="checkbox"/>	.4						1	mg/l	kg/day		
Barium, Total	<input type="checkbox"/>								mg/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Boron, Total	<input checked="" type="checkbox"/>	.5						1	mg/l	kg/day		
Cobalt, Total	<input type="checkbox"/>								mg/l	kg/day		
Iron, Total	<input checked="" type="checkbox"/>	2.4						1	mg/l	kg/day		
Magnesium, Total	<input checked="" type="checkbox"/>	14.9						1	mg/l	kg/day		
Molybdenum, Total	<input type="checkbox"/>								mg/l	kg/day		
Manganese, Total	<input checked="" type="checkbox"/>	1.2						1	mg/l	kg/day		
Tin, Total	<input type="checkbox"/>								mg/l	kg/day		
Titanium, Total	<input type="checkbox"/>								mg/l	kg/day		

PART C - If you are primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark 'X' in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and non required GC/MS fractions), mark 'X' in column 2-b for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2, 4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Metals, Cyanids, and Total Phenols												
Antimony, Total	<input type="checkbox"/>								mg/l	kg/day		
Arsenic, Total	<input type="checkbox"/>								mg/l	kg/day		
Beryllium, Total	<input type="checkbox"/>								mg/l	kg/day		
Cadmium, Total	<input type="checkbox"/>								mg/l	kg/day		
Chromium, Total	<input type="checkbox"/>								mg/l	kg/day		
Copper, Total	<input checked="" type="checkbox"/>	11.7				5.9		2	ug/l	kg/day		
Lead, Total	<input checked="" type="checkbox"/>	24.1				12.1		2	ug/l	kg/day		
Mercury, Total	<input type="checkbox"/>								mg/l	kg/day		
Nickel, Total	<input type="checkbox"/>								mg/l	kg/day		
Selenium, Total	<input type="checkbox"/>								mg/l	kg/day		
Silver, Total	<input type="checkbox"/>								mg/l	kg/day		
Thallium, Total	<input type="checkbox"/>								mg/l	kg/day		
Zinc, Total	<input checked="" type="checkbox"/>	1210				893		2	ug/l	kg/day		
Cyanide, Total	<input checked="" type="checkbox"/>	.01						1	mg/l	kg/day		
Phenols, Total	<input checked="" type="checkbox"/>	.1						1	mg/l	kg/day		
Dioxin												
2,3,7,8-Tetrachlorodibenzo-P-Dioxin	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Volatile Compounds												
Acrolein	<input type="checkbox"/>								mg/l	kg/day		
Acrylonitrile	<input type="checkbox"/>								mg/l	kg/day		
Benzene	<input type="checkbox"/>								mg/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Volatile Compounds												
Bis (Chloromethyl) Ether	<input type="checkbox"/>								mg/l	kg/day		
Bromoform	<input type="checkbox"/>								mg/l	kg/day		
Carbon Tetrachloride	<input type="checkbox"/>								mg/l	kg/day		
Chlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
Chlorodibromomethane	<input type="checkbox"/>								mg/l	kg/day		
Chloroethane	<input type="checkbox"/>								mg/l	kg/day		
2-Chloroethylvinyl Ether	<input type="checkbox"/>								mg/l	kg/day		
Chloroform	<input type="checkbox"/>								mg/l	kg/day		
Dichlorobromomethane	<input type="checkbox"/>								mg/l	kg/day		
Dichlorodifluoromethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloropropane	<input type="checkbox"/>								mg/l	kg/day		
1,3-Dichloropropylene	<input type="checkbox"/>								mg/l	kg/day		
Ethylbenzene	<input type="checkbox"/>								mg/l	kg/day		
Methyl Bromide	<input type="checkbox"/>								mg/l	kg/day		
Methyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
Methylene Chloride	<input type="checkbox"/>								mg/l	kg/day		
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>								mg/l	kg/day		
Tetrachloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Toluene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Transdichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,1,1-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1,2-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
Trichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Trichlorofluoromethane	<input type="checkbox"/>								mg/l	kg/day		
Vinyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Acid Compounds												
2-Chlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dichlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dimethylphenol	<input type="checkbox"/>								mg/l	kg/day		
4,6-Dinitro-O-Cresol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dinitrophenol	<input type="checkbox"/>								mg/l	kg/day		
2-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
4-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
P-Chloro-M-Cresol	<input type="checkbox"/>								mg/l	kg/day		
Pentachlorophenol	<input type="checkbox"/>								mg/l	kg/day		
Phenol	<input type="checkbox"/>								mg/l	kg/day		
2,4,6-Trichlorophenol	<input type="checkbox"/>								mg/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	<i>(specify if blank)</i>		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
GC/MS Fraction - Base/Neutral Compounds													
Acenaphthene	<input type="checkbox"/>								mg/l	kg/day			
Acenaphtylene	<input type="checkbox"/>								mg/l	kg/day			
Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benzidine	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Benzo[fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (ghi) Perylene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (k) Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethoxy) Methane	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Ehtylhexyl) Phthalate	<input type="checkbox"/>								mg/l	kg/day			
4-Bromophenyl Phenyl	<input type="checkbox"/>								mg/l	kg/day			
Butyl Benzyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
2-Chloronaphthalene	<input type="checkbox"/>								mg/l	kg/day			
4-Chlorophenyl Phenyl Ether	<input type="checkbox"/>								mg/l	kg/day			
Chrysene	<input type="checkbox"/>								mg/l	kg/day			
Dibenzo (a,h) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
1,2,-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,3-Dicholorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,4-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
3,3-Dichlorobenzidine	<input type="checkbox"/>								mg/l	kg/day			
Diethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Dimethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Butyl Phthlate	<input type="checkbox"/>								mg/l	kg/day			
2,4-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
2,6-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Octyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
1,2-Diphenylhydrazine (as Azobenze	<input type="checkbox"/>								mg/l	kg/day			
Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Fluorene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobutadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorocyclopentadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachloroethane	<input type="checkbox"/>								mg/l	kg/day			
Indeno (1,2,3-cd) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Isophorone	<input type="checkbox"/>								mg/l	kg/day			
Napthalene	<input type="checkbox"/>								mg/l	kg/day			
Nitrobenzene	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES	
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS		
GC/MS Fraction - Base/Neutral Compounds													
N-Nitrosodimethylamine	<input type="checkbox"/>								mg/l	kg/day			
N-Nitrosodi-N-Propylamine	<input type="checkbox"/>								mg/l	kg/day			
N-Nitrosodiphenylamine	<input type="checkbox"/>								mg/l	kg/day			
Phenanthrene	<input type="checkbox"/>								mg/l	kg/day			
Pyrene	<input type="checkbox"/>								mg/l	kg/day			
1,2,4-Trichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
GC/MS Fraction - Pesticides													
Aldrin	<input type="checkbox"/>								mg/l	kg/day			
Alpha-BHC	<input type="checkbox"/>								mg/l	kg/day			
Beta-BHC	<input type="checkbox"/>								mg/l	kg/day			
Gamma-BHC	<input type="checkbox"/>								mg/l	kg/day			
Delta-BHC	<input type="checkbox"/>								mg/l	kg/day			
Chlordane	<input type="checkbox"/>								mg/l	kg/day			
4,4-DDT	<input type="checkbox"/>								mg/l	kg/day			
4,4-DDE	<input type="checkbox"/>								mg/l	kg/day			
4,4-DDD	<input type="checkbox"/>								mg/l	kg/day			
Dieldrin	<input type="checkbox"/>								mg/l	kg/day			
Alpha-Endosulfan	<input type="checkbox"/>								mg/l	kg/day			
Beta-Endosulfan	<input type="checkbox"/>								mg/l	kg/day			
Endosulfan Sulfate	<input type="checkbox"/>								mg/l	kg/day			
Endrin	<input type="checkbox"/>								mg/l	kg/day			
Endrin Aldehyde	<input type="checkbox"/>								mg/l	kg/day			
Heptachlor	<input type="checkbox"/>								mg/l	kg/day			
Heptachlor Epoxide	<input type="checkbox"/>								mg/l	kg/day			
PCB-1242	<input type="checkbox"/>								mg/l	kg/day			
PCB-1254	<input type="checkbox"/>								mg/l	kg/day			
PCB-1221	<input type="checkbox"/>								mg/l	kg/day			
PCB-1232	<input type="checkbox"/>								mg/l	kg/day			
PCB-1248	<input type="checkbox"/>								mg/l	kg/day			
PCB-1260	<input type="checkbox"/>								mg/l	kg/day			
PCB-1016	<input type="checkbox"/>								mg/l	kg/day			
Toxaphene	<input type="checkbox"/>								mg/l	kg/day			

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

 OUTFALL NO.
004

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Biochemical Oxygen Demand (BOD)	6	1.19			2.7	.36	3	mg/l	kg/day		
Chemical Oxygen Demand (COD)	180	5.42			97.8	13.23	3	mg/l	kg/day		
Total Organic Carbon (TOC)	10	.30			8.3	1.13	3	mg/l	kg/day		
Total Suspended Solids (TSS)	900	178.78			613.3	82.98	3	mg/l	kg/day		
Ammonia (as N)	2	.06			1.2	.17	3	mg/l	kg/day		
Flow		.05				.04	3	mgd	kg/day		
Temperature (Winter)		11.6				12.7	2	°C			
Temperature (Summer)		23.6					1	°C			
pH	9.4						3	Standard Units			

PART B - Mark 'X' in column 2-a for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Bromide	<input type="checkbox"/>								mg/l	kg/day		
Chlorine, Total Residual	<input type="checkbox"/>								mg/l	kg/day		
Color	<input checked="" type="checkbox"/>	60						1	mg/l	kg/day		
Fecal Coliform	<input checked="" type="checkbox"/>	98	17.36					1	mg/l	kg/day		
Fluoride	<input checked="" type="checkbox"/>	5.9	.18			5.65	.76	2	mg/l	kg/day		
Nitrate-Nitrate (as N)	<input checked="" type="checkbox"/>	.9	.16					1	mg/l	kg/day		
Nitrogen, Total Organic (as N)	<input type="checkbox"/>								mg/l	kg/day		
Oil and Grease	<input type="checkbox"/>								mg/l	kg/day		
Phosphorus (as P), Total	<input checked="" type="checkbox"/>	.54	.10					1	mg/l	kg/day		
Radioactivity:(1) Alpha, Total	<input type="checkbox"/>								mg/l	kg/day		
Radioactivity:(2) Beta, Total	<input type="checkbox"/>								mg/l	kg/day		
Radioactivity:(3) Radium, Total	<input type="checkbox"/>								mg/l	kg/day		
Radioactivity:(4) Radium 226, Total	<input type="checkbox"/>								mg/l	kg/day		
Sulfate (as SO ₄)	<input checked="" type="checkbox"/>	59.5	10.54			54.4	7.35	2	mg/l	kg/day		
Sulfide (as S)	<input type="checkbox"/>								mg/l	kg/day		
Sulfite (as SO ₃)	<input type="checkbox"/>								mg/l	kg/day		
Surfactants	<input type="checkbox"/>								mg/l	kg/day		
Aluminum, Total	<input checked="" type="checkbox"/>	7.3	1.29					1	mg/l	kg/day		
Barium, Total	<input type="checkbox"/>								mg/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Boron, Total	<input checked="" type="checkbox"/>	.3	.05					1	mg/l	kg/day		
Cobalt, Total	<input type="checkbox"/>								mg/l	kg/day		
Iron, Total	<input checked="" type="checkbox"/>	33.6	6.67			20.7	2.8	3	mg/l	kg/day		
Magnesium, Total	<input checked="" type="checkbox"/>	11.9	2.36			9.7	1.32	3	mg/l	kg/day		
Molybdenum, Total	<input type="checkbox"/>								mg/l	kg/day		
Manganese, Total	<input checked="" type="checkbox"/>	.88	.17			.69	.09	3	mg/l	kg/day		
Tin, Total	<input type="checkbox"/>								mg/l	kg/day		
Titanium, Total	<input checked="" type="checkbox"/>	.14	.02					1	mg/l	kg/day		

PART C - If you are primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark 'X' in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and non required GC/MS fractions), mark 'X' in column 2-b for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2, 4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES	
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS		
Metals, Cyanids, and Total Phenols													
Antimony, Total	<input type="checkbox"/>								mg/l	kg/day			
Arsenic, Total	<input checked="" type="checkbox"/>	.013	0			.01	0	3	mg/l	kg/day			
Beryllium, Total	<input type="checkbox"/>								mg/l	kg/day			
Cadmium, Total	<input checked="" type="checkbox"/>	.003	0			.001	0	3	mg/l	kg/day			
Chromium, Total	<input checked="" type="checkbox"/>	.05	.01			.03	0	3	mg/l	kg/day			
Copper, Total	<input checked="" type="checkbox"/>	.04	.01			.02	0	3	mg/l	kg/day			
Lead, Total	<input checked="" type="checkbox"/>	.05	.01			.03	0	3	mg/l	kg/day			
Mercury, Total	<input checked="" type="checkbox"/>	.0002	0			0	0	3	mg/l	kg/day			
Nickel, Total	<input type="checkbox"/>								mg/l	kg/day			
Selenium, Total	<input type="checkbox"/>								mg/l	kg/day			
Silver, Total	<input type="checkbox"/>								mg/l	kg/day			
Thallium, Total	<input type="checkbox"/>								mg/l	kg/day			
Zinc, Total	<input checked="" type="checkbox"/>	.42	.01			.34	.05	3	mg/l	kg/day			
Cyanide, Total	<input type="checkbox"/>								mg/l	kg/day			
Phenols, Total	<input type="checkbox"/>								mg/l	kg/day			
Dioxin													
2,3,7,8-Tetrachlorodibenzo-P-Dioxin	<input type="checkbox"/>								mg/l	kg/day			
GC/MS Fraction - Volatile Compounds													
Acrolein	<input type="checkbox"/>								mg/l	kg/day			
Acrylonitrile	<input type="checkbox"/>								mg/l	kg/day			
Benzene	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Volatile Compounds												
Bis (Chloromethyl) Ether	<input type="checkbox"/>								mg/l	kg/day		
Bromoform	<input type="checkbox"/>								mg/l	kg/day		
Carbon Tetrachloride	<input type="checkbox"/>								mg/l	kg/day		
Chlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
Chlorodibromomethane	<input type="checkbox"/>								mg/l	kg/day		
Chloroethane	<input type="checkbox"/>								mg/l	kg/day		
2-Chloroethylvinyl Ether	<input type="checkbox"/>								mg/l	kg/day		
Chloroform	<input type="checkbox"/>								mg/l	kg/day		
Dichlorobromomethane	<input type="checkbox"/>								mg/l	kg/day		
Dichlorodifluoromethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloropropane	<input type="checkbox"/>								mg/l	kg/day		
1,3-Dichloropropylene	<input type="checkbox"/>								mg/l	kg/day		
Ethylbenzene	<input type="checkbox"/>								mg/l	kg/day		
Methyl Bromide	<input type="checkbox"/>								mg/l	kg/day		
Methyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
Methylene Chloride	<input type="checkbox"/>								mg/l	kg/day		
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>								mg/l	kg/day		
Tetrachloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Toluene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Transdichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,1,1-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1,2-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
Trichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Trichlorofluoromethane	<input type="checkbox"/>								mg/l	kg/day		
Vinyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Acid Compounds												
2-Chlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dichlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dimethyphenol	<input type="checkbox"/>								mg/l	kg/day		
4,6-Dinitro-O-Cresol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dinitrophenol	<input type="checkbox"/>								mg/l	kg/day		
2-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
4-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
P-Chloro-M-Cresol	<input type="checkbox"/>								mg/l	kg/day		
Pentachlorophenol	<input type="checkbox"/>								mg/l	kg/day		
Phenol	<input type="checkbox"/>								mg/l	kg/day		
2,4,6-Trichlorophenol	<input type="checkbox"/>								mg/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			(specify if blank)		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Base/Neutral Compounds													
Acenaphthene	<input type="checkbox"/>								mg/l	kg/day			
Acenaphthylene	<input type="checkbox"/>								mg/l	kg/day			
Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benzidine	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Benzofluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (ghi) Perylene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (k) Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethoxy) Methane	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Ethylhexyl) Phthalate	<input type="checkbox"/>								mg/l	kg/day			
4-Bromophenyl Phenyl	<input type="checkbox"/>								mg/l	kg/day			
Butyl Benzyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
2-Chloronaphthalene	<input type="checkbox"/>								mg/l	kg/day			
4-Chlorophenyl Phenyl Ether	<input type="checkbox"/>								mg/l	kg/day			
Chrysene	<input type="checkbox"/>								mg/l	kg/day			
Dibenzo (a,h) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
1,2-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,3-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,4-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
3,3-Dichlorobenzidine	<input type="checkbox"/>								mg/l	kg/day			
Diethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Dimethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Butyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
2,4-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
2,6-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Octyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
1,2-Diphenylhydrazine (as Azobenzene)	<input type="checkbox"/>								mg/l	kg/day			
Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Fluorene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobutadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorocyclopentadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachloroethane	<input type="checkbox"/>								mg/l	kg/day			
Indeno (1,2,3-cd) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Isophorone	<input type="checkbox"/>								mg/l	kg/day			
Naphthalene	<input type="checkbox"/>								mg/l	kg/day			
Nitrobenzene	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Base/Neutral Compounds												
N-Nitrosodimethylamine	<input type="checkbox"/>								mg/l	kg/day		
N-Nitrosodi-N-Propylamine	<input type="checkbox"/>								mg/l	kg/day		
N-Nitrosodiphenylamine	<input type="checkbox"/>								mg/l	kg/day		
Phenanthrene	<input type="checkbox"/>								mg/l	kg/day		
Pyrene	<input type="checkbox"/>								mg/l	kg/day		
1,2,4-Trichlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Pesticides												
Aldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-BHC	<input type="checkbox"/>								mg/l	kg/day		
Beta-BHC	<input type="checkbox"/>								mg/l	kg/day		
Gamma-BHC	<input type="checkbox"/>								mg/l	kg/day		
Delta-BHC	<input type="checkbox"/>								mg/l	kg/day		
Chlordane	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDT	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDE	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDD	<input type="checkbox"/>								mg/l	kg/day		
Dieldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Beta-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Endosulfan Sulfate	<input type="checkbox"/>								mg/l	kg/day		
Endrin	<input type="checkbox"/>								mg/l	kg/day		
Endrin Aldehyde	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor Epoxide	<input type="checkbox"/>								mg/l	kg/day		
PCB-1242	<input type="checkbox"/>								mg/l	kg/day		
PCB-1254	<input type="checkbox"/>								mg/l	kg/day		
PCB-1221	<input type="checkbox"/>								mg/l	kg/day		
PCB-1232	<input type="checkbox"/>								mg/l	kg/day		
PCB-1248	<input type="checkbox"/>								mg/l	kg/day		
PCB-1260	<input type="checkbox"/>								mg/l	kg/day		
PCB-1016	<input type="checkbox"/>								mg/l	kg/day		
Toxaphene	<input type="checkbox"/>								mg/l	kg/day		

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

 OUTFALL NO.
005

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Biochemical Oxygen Demand (BOD)	0				0		3	mg/l	kg/day		
Chemical Oxygen Demand (COD)	15.1	.58			5	.19	3	mg/l	kg/day		
Total Organic Carbon (TOC)	8	.31			6.7	.25	3	mg/l	kg/day		
Total Suspended Solids (TSS)	140	5.34			56	2.14	3	mg/l	kg/day		
Ammonia (as N)	.2	.01			.13	.01	3	mg/l	kg/day		
Flow		.04				.04	3	mgd	kg/day		
Temperature (Winter)		2.8					1	°C			
Temperature (Summer)		24.1				23.15	2	°C			
pH	8						3	Standard Units			

PART B - Mark 'X' in column 2-a for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Bromide	<input type="checkbox"/>								mg/l	kg/day		
Chlorine, Total Residual	<input checked="" type="checkbox"/>	.04	.001					1	mg/l	kg/day		
Color	<input checked="" type="checkbox"/>	10						1	mg/l	kg/day		
Fecal Coliform	<input type="checkbox"/>								mg/l	kg/day		
Fluoride	<input checked="" type="checkbox"/>	1.8	.07			1.67	.06	3	mg/l	kg/day		
Nitrate-Nitrate (as N)	<input checked="" type="checkbox"/>	.8	.03					1	mg/l	kg/day		
Nitrogen, Total Organic (as N)	<input type="checkbox"/>								mg/l	kg/day		
Oil and Grease	<input type="checkbox"/>								mg/l	kg/day		
Phosphorus (as P), Total	<input type="checkbox"/>								mg/l	kg/day		
Radioactivity:(1) Alpha, Total	<input type="checkbox"/>								mg/l	kg/day		
Radioactivity:(2) Beta, Total	<input type="checkbox"/>								mg/l	kg/day		
Radioactivity:(3) Radium, Total	<input type="checkbox"/>								mg/l	kg/day		
Radioactivity:(4) Radium 226, Total	<input type="checkbox"/>								mg/l	kg/day		
Sulfate (as SO ₄)	<input checked="" type="checkbox"/>	85	3.24			80.2	3.06	3	mg/l	kg/day		
Sulfide (as S)	<input type="checkbox"/>								mg/l	kg/day		
Sulfite (as SO ₃)	<input type="checkbox"/>								mg/l	kg/day		
Surfactants	<input type="checkbox"/>								mg/l	kg/day		
Aluminum, Total	<input checked="" type="checkbox"/>	.39	.01					1	mg/l	kg/day		
Barium, Total	<input type="checkbox"/>								mg/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Boron, Total	<input checked="" type="checkbox"/>	.28	.01					1	mg/l	kg/day		
Cobalt, Total	<input type="checkbox"/>								mg/l	kg/day		
Iron, Total	<input checked="" type="checkbox"/>	2.6	.1			1.7	.07	3	mg/l	kg/day		
Magnesium, Total	<input checked="" type="checkbox"/>	37.5	1.43			32	1.22	3	mg/l	kg/day		
Molybdenum, Total	<input type="checkbox"/>								mg/l	kg/day		
Manganese, Total	<input checked="" type="checkbox"/>	.12	.005			.1	.004	3	mg/l	kg/day		
Tin, Total	<input type="checkbox"/>								mg/l	kg/day		
Titanium, Total	<input type="checkbox"/>								mg/l	kg/day		

PART C - If you are primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark 'X' in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and non required GC/MS fractions), mark 'X' in column 2-b for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2, 4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Metals, Cyanids, and Total Phenols												
Antimony, Total	<input type="checkbox"/>								mg/l	kg/day		
Arsenic, Total	<input type="checkbox"/>								mg/l	kg/day		
Beryllium, Total	<input type="checkbox"/>								mg/l	kg/day		
Cadmium, Total	<input type="checkbox"/>								mg/l	kg/day		
Chromium, Total	<input type="checkbox"/>								mg/l	kg/day		
Copper, Total	<input type="checkbox"/>								mg/l	kg/day		
Lead, Total	<input type="checkbox"/>								mg/l	kg/day		
Mercury, Total	<input type="checkbox"/>								mg/l	kg/day		
Nickel, Total	<input type="checkbox"/>								mg/l	kg/day		
Selenium, Total	<input type="checkbox"/>								mg/l	kg/day		
Silver, Total	<input type="checkbox"/>								mg/l	kg/day		
Thallium, Total	<input type="checkbox"/>								mg/l	kg/day		
Zinc, Total	<input checked="" type="checkbox"/>	.053	.002			.018	.0007	3	mg/l	kg/day		
Cyanide, Total	<input type="checkbox"/>								mg/l	kg/day		
Phenols, Total	<input type="checkbox"/>								mg/l	kg/day		
Dioxin												
2,3,7,8-Tetrachlorodibenzo-P-Dioxin	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Volatile Compounds												
Acrolein	<input type="checkbox"/>								mg/l	kg/day		
Acrylonitrile	<input type="checkbox"/>								mg/l	kg/day		
Benzene	<input type="checkbox"/>								mg/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Volatile Compounds												
Bis (Chloromethyl) Ether	<input type="checkbox"/>								mg/l	kg/day		
Bromoform	<input type="checkbox"/>								mg/l	kg/day		
Carbon Tetrachloride	<input type="checkbox"/>								mg/l	kg/day		
Chlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
Chlorodibromomethane	<input type="checkbox"/>								mg/l	kg/day		
Chloroethane	<input type="checkbox"/>								mg/l	kg/day		
2-Chloroethylvinyl Ether	<input type="checkbox"/>								mg/l	kg/day		
Chloroform	<input type="checkbox"/>								mg/l	kg/day		
Dichlorobromomethane	<input type="checkbox"/>								mg/l	kg/day		
Dichlorodifluoromethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloropropane	<input type="checkbox"/>								mg/l	kg/day		
1,3-Dichloropropylene	<input type="checkbox"/>								mg/l	kg/day		
Ethylbenzene	<input type="checkbox"/>								mg/l	kg/day		
Methyl Bromide	<input type="checkbox"/>								mg/l	kg/day		
Methyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
Methylene Chloride	<input type="checkbox"/>								mg/l	kg/day		
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>								mg/l	kg/day		
Tetrachloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Toluene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Transdichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,1,1-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1,2-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
Trichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Trichlorofluoromethane	<input type="checkbox"/>								mg/l	kg/day		
Vinyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Acid Compounds												
2-Chlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dichlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dimethyphenol	<input type="checkbox"/>								mg/l	kg/day		
4,6-Dinitro-O-Cresol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dinitrophenol	<input type="checkbox"/>								mg/l	kg/day		
2-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
4-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
P-Chloro-M-Cresol	<input type="checkbox"/>								mg/l	kg/day		
Pentachlorophenol	<input type="checkbox"/>								mg/l	kg/day		
Phenol	<input type="checkbox"/>								mg/l	kg/day		
2,4,6-Trichlorophenol	<input type="checkbox"/>								mg/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	<i>(specify if blank)</i>		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
GC/MS Fraction - Base/Neutral Compounds													
Acenaphthene	<input type="checkbox"/>								mg/l	kg/day			
Acenaphthylene	<input type="checkbox"/>								mg/l	kg/day			
Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benzidine	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Benzo[fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (ghi) Perylene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (k) Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethoxy) Methane	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Ethylhexyl) Phthalate	<input type="checkbox"/>								mg/l	kg/day			
4-Bromophenyl Phenyl	<input type="checkbox"/>								mg/l	kg/day			
Butyl Benzyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
2-Chloronaphthalene	<input type="checkbox"/>								mg/l	kg/day			
4-Chlorophenyl Phenyl Ether	<input type="checkbox"/>								mg/l	kg/day			
Chrysene	<input type="checkbox"/>								mg/l	kg/day			
Dibenzo (a,h) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
1,2-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,3-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,4-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
3,3-Dichlorobenzidine	<input type="checkbox"/>								mg/l	kg/day			
Diethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Dimethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Butyl Phthlate	<input type="checkbox"/>								mg/l	kg/day			
2,4-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
2,6-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Octyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
1,2-Diphenylhydrazine (as Azobenzene)	<input type="checkbox"/>								mg/l	kg/day			
Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Fluorene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobutadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorocyclopentadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachloroethane	<input type="checkbox"/>								mg/l	kg/day			
Indeno (1,2,3-cd) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Isophorone	<input type="checkbox"/>								mg/l	kg/day			
Napthalene	<input type="checkbox"/>								mg/l	kg/day			
Nitrobenzene	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS						
GC/MS Fraction - Base/Neutral Compounds													
N-Nitrosodimethylamine	<input type="checkbox"/>							mg/l	kg/day				
N-Nitrosodi-N-Propylamine	<input type="checkbox"/>							mg/l	kg/day				
N-Nitrosodiphenylamine	<input type="checkbox"/>							mg/l	kg/day				
Phenanthrene	<input type="checkbox"/>							mg/l	kg/day				
Pyrene	<input type="checkbox"/>							mg/l	kg/day				
1,2,4-Trichlorobenzene	<input type="checkbox"/>							mg/l	kg/day				
GC/MS Fraction - Pesticides													
Aldrin	<input type="checkbox"/>							mg/l	kg/day				
Alpha-BHC	<input type="checkbox"/>							mg/l	kg/day				
Beta-BHC	<input type="checkbox"/>							mg/l	kg/day				
Gamma-BHC	<input type="checkbox"/>							mg/l	kg/day				
Delta-BHC	<input type="checkbox"/>							mg/l	kg/day				
Chlordane	<input type="checkbox"/>							mg/l	kg/day				
4,4-DDT	<input type="checkbox"/>							mg/l	kg/day				
4,4-DDE	<input type="checkbox"/>							mg/l	kg/day				
4,4-DDD	<input type="checkbox"/>							mg/l	kg/day				
Dieldrin	<input type="checkbox"/>							mg/l	kg/day				
Alpha-Endosulfan	<input type="checkbox"/>							mg/l	kg/day				
Beta-Endosulfan	<input type="checkbox"/>							mg/l	kg/day				
Endosulfan Sulfate	<input type="checkbox"/>							mg/l	kg/day				
Endrin	<input type="checkbox"/>							mg/l	kg/day				
Endrin Aldehyde	<input type="checkbox"/>							mg/l	kg/day				
Heptachlor	<input type="checkbox"/>							mg/l	kg/day				
Heptachlor Epoxide	<input type="checkbox"/>							mg/l	kg/day				
PCB-1242	<input type="checkbox"/>							mg/l	kg/day				
PCB-1254	<input type="checkbox"/>							mg/l	kg/day				
PCB-1221	<input type="checkbox"/>							mg/l	kg/day				
PCB-1232	<input type="checkbox"/>							mg/l	kg/day				
PCB-1248	<input type="checkbox"/>							mg/l	kg/day				
PCB-1260	<input type="checkbox"/>							mg/l	kg/day				
PCB-1016	<input type="checkbox"/>							mg/l	kg/day				
Toxaphene	<input type="checkbox"/>							mg/l	kg/day				

EPA ID Number

U.S. ENVIRONMENTAL PROTECTION AGENCY

FORM
2F

EPA

Application for Permit to Discharge Storm Water
Discharges Associated with Industrial Activity

NPDES

I. Outfall Location

OUTFALL NUMBER	LATITUDE			LONGITUDE			RECEIVING WATER
	DEG.	MIN.	SEC.	DEG.	MIN.	SEC.	
001	41	17	18	84	19	1	Maumee River
002	41	17	39	84	18	58	Maumee River
004	41	17	38	84	19	3	Maumee River
005	41	17	35	84	17	56	Maumee River

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any Implication schedule for the construction, upgrading, or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative, or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the discharge area of each storm water outfall; paved areas and buildings within the drainage area or each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (Include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Please view the Summary File for the requested information.

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored, or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

ap metals are stored outside for recycling and managed properly. Sand and dust from foundry dust collectors are stored outside for recycling and disposal in the on-site landfill. Dust is properly managed per inspections and local job procedures.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

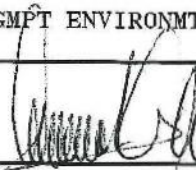
Please view the Summary File for the requested information.

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are being identified in either an accompanying Form 2C or Form 2E application for the outfall.

NAME AND OFFICIAL TITLE
Thomas W Neelands
Global Director

SIGNATURE



Russell S. GMP

DATE SIGNED

03/27/2008

Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

here is an annual stormwater sampling event for Outfalls #004 and #005. This stormwater sampling event is sampled and analyzed according to the requirements listed in the NPDES permit. During this sampling event a grab and a composite sample of collected stormwater is analyzed for the parameters listed in the NPDES permit.

I. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

No reportable spills or leaks have occurred in the last three years.

II. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.

Tables VII-A, VII-B, VII-C are included on separate sheets numbered VII-1 and VII-2.

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

Date of Event	Duration (in minutes)	Total rainfall during storm event (in inches)	Number of hours between beginning of storm measured and end of previous measureable rain event	Maximum flow rate during rain event (in gallons/minute)	Total flow from rain event (in gallons)
07/11/2006	4320	3	120	200	60216
11/12/2007	2880	1	120	100	7957
11/08/2008	2880	1	120	100	90905
16/08/2006	1440	0	72	10	10080
09/08/2007	7200	1	288	10	50400
11/01/2008	2880	0	72	10	20160
11/08/2008	2880	1	120	50	112717

Provide a description of the method of flow measurement or estimate.

The flow rate on Outfall 004 is measured using a flowmeter. The flow rate on Outfall 005 is a calculated estimate.

E. Potential discharges not covered by analysis -- Is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or by product?

☐ Yes (list all such pollutants below)

☒ No (go to Section IX)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years?

☒ Yes (list all such pollutants below)

☐ No (go to Section IX)

As part of the current NPDES permit, the plant has conducted annual evaluations of acute and chronic toxicity. The results of the testing indicate that the plant effluent is less than 1.0 TUC and less than 1.0 TUC. The plant has used the following environmental laboratory to perform the effluent toxicity testing for the plant's NPDES requirements.

Global Environmental Consulting, LLC
223 W. Michigan Ave.
Clinton, MI 49236
(517) 456-6881

IX. Contract Analysis Information

Were any of the analysis reported in Item VII performed by a contract laboratory or consulting firm?


☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☐ No (go to section X)

NAME	ADDRESS	TELEPHONE (area code & no.)	POLLUTANTS ANALYZED
Test America	4101 Shuffel Drive NW	(330) 497-9396	Biochemical Oxygen Demand
	North Canton OH 44720		Chemical Oxygen Demand (COD)
			Total Organic Carbon (TOC)
			Total Suspended Solids (TSS)
			pH
			Nitrate-Nitrite (as N)
			Oil and Grease
			Phosphorus (as P), Total
			Nitrogen, Total Kjeldahl
			Cadmium, Total (Cd)
			Chlorine, Total Residual
			Copper, Total (Cu)
			Cyanide, Total
			Lead, Total (Pb)
			Mercury, Total
			Selenium, Total (Se)
			Arsenic, Total
			Magnesium, Total
			Bromide
			Color
			Fecal Coliform
			Fluoride
			Nitrogen, Total Organic (2)
			Sulphate (as SO ₄)
			Sulphide (as S)
			Surfactants
			Aluminum, Total
			Barium, Total
			Boron, Total
			Cobalt, Total
			Iron, Total
			Molybdenum, Total
			Manganese, Total
			Tin, Total
			Titanium, Total
			Antimony, Total
			Beryllium, Total
			Chromium, Total
			Nickel, Total
			Silver, Total
			Thallium, Total
			Zinc, Total
			Phenols, Total

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
Thomas W. Neekands Global Director	248-753-4296
C. SIGNATURE	D. DATE SIGNED
 ROBERT S. CAMP	03/27/2008

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. Press F1 for additional details.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Biochemical Oxygen Demand (BO)		mg/l	kg/day	mg/l	kg/day		
Chemical Oxygen Demand (COD)		mg/l	kg/day	mg/l	kg/day		
Total Suspended Solids (TSS)		mg/l	kg/day	mg/l	kg/day		
pH							
Nitrate-Nitrite (as N)		mg/l	kg/day	mg/l	kg/day		
Oil and Grease		mg/l	kg/day	mg/l	kg/day		
Phosphorus (as P), Total	7723-14-0	mg/l	kg/day	mg/l	kg/day		
Nitrogen, Total Kjeldahl		mg/l	kg/day	mg/l	kg/day		

Part B - List each parameter that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. Press F1 for additional details and instructions.

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know of have reason to believe is present. Press F1 for the tables and for additional details and requirements. Complete one table for each outfall.

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. Press F1 for additional details.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Biochemical Oxygen Demand (BO		mg/l	kg/day	mg/l	kg/day		
Chemical Oxygen Demand (COD)		mg/l	kg/day	mg/l	kg/day		
Total Suspended Solids (TSS)		mg/l	kg/day	mg/l	kg/day		
pH							
Nitrate-Nitrite (as N)		mg/l	kg/day	mg/l	kg/day		
Oil and Grease		mg/l	kg/day	mg/l	kg/day		
Phosphorus (as P), Total	7723-14-0	mg/l	kg/day	mg/l	kg/day		
Nitrogen, Total Kjeldahl		mg/l	kg/day	mg/l	kg/day		

Part B - List each parameter that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. Press F1 for additional details and instructions.

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know of have reason to believe is present. Press F1 for the tables and for additional details and requirements. Complete one table for each outfall.

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. Press F1 for additional details.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Biochemical Oxygen Demand (BO)		6 mg/l	1 kg/day	3 mg/l	0 kg/day	3	
Chemical Oxygen Demand (COD)		180 mg/l	5 kg/day	98 mg/l	13 kg/day	3	
Total Suspended Solids (TSS)		900 mg/l	179 kg/day	613 mg/l	83 kg/day	3	
pH		9		9		3	
Nitrate-Nitrite (as N)		1 mg/l	0 kg/day	mg/l	kg/day	1	
Oil and Grease		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Phosphorus (as P), Total	7723-14-0	1 mg/l	0 kg/day	mg/l	kg/day	1	
Nitrogen, Total Kjeldahl		5 mg/l	1 kg/day	4 mg/l	1 kg/day	3	

Part B - List each parameter that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. Press F1 for additional details and instructions.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Arsenic, Total (As)	7440382	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Barium Total (Ba)	7440393	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Cadmium, Total (Cd)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Carbon, Total Organic (TOC)		10 mg/l	0 kg/day	8 mg/l	1 kg/day	3	
Chromium, Total		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Copper, Total (Cu)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Cyanide, Total	40	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Lead, Total (Pb)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Mercury, Total (Hg)	7439976	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Nitrogen, Ammonia (NH3)	7664-41-7	2 mg/l	0 kg/day	1 mg/l	0 kg/day	3	
Selenium, Total (Se)	7782492	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Silver, Total (Ag)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know of have reason to believe is present. Press F1 for the tables and for additional details and requirements. Complete one table for each outfall.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Aluminum, Total	7429-90-5	7 mg/l	1 kg/day	mg/l	kg/day	1	
Boron, Total	7440-42-8	0 mg/l	0 kg/day	mg/l	kg/day	1	
Color		60 mg/l	kg/day	mg/l	kg/day	1	

Pollutant	CAS Number	Maximum Values (in units)		Average Values (in units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Fecal Coliform		98 mg/l	17 kg/day	mg/l	kg/day	1	
Flouride	16984-48-8	5 mg/l	0 kg/day	6 mg/l	1 kg/day	2	
Iron, Total	7439-89-6	34 mg/l	7 kg/day	21 mg/l	3 kg/day	3	
Magnesium, Total	7439-95-4	12 mg/l	2 kg/day	10 mg/l	1 kg/day	3	
Manganese, Total	7439-96-5	1 mg/l	0 kg/day	1 mg/l	0 kg/day	3	
Sulphate (as SO4)	14808-79-8	60 mg/l	11 kg/day	54 mg/l	7 kg/day	2	
Titanium, Total	7440-32-6	0 mg/l	0 kg/day	mg/l	kg/day	1	
Zinc, Total	7440-66-6	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. Press F1 for additional details.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Biochemical Oxygen Demand (BO)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Chemical Oxygen Demand (COD)		15 mg/l	1 kg/day	5 mg/l	0 kg/day	3	
Total Suspended Solids (TSS)		140 mg/l	5 kg/day	56 mg/l	2 kg/day	3	
pH		8		8		3	
Nitrate-Nitrite (as N)		1 mg/l	0 kg/day	mg/l	kg/day	1	
Oil and Grease		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Phosphorus (as P), Total	7723-14-0	0 mg/l	0 kg/day	mg/l	kg/day	1	
Nitrogen, Total Kjeldahl		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	

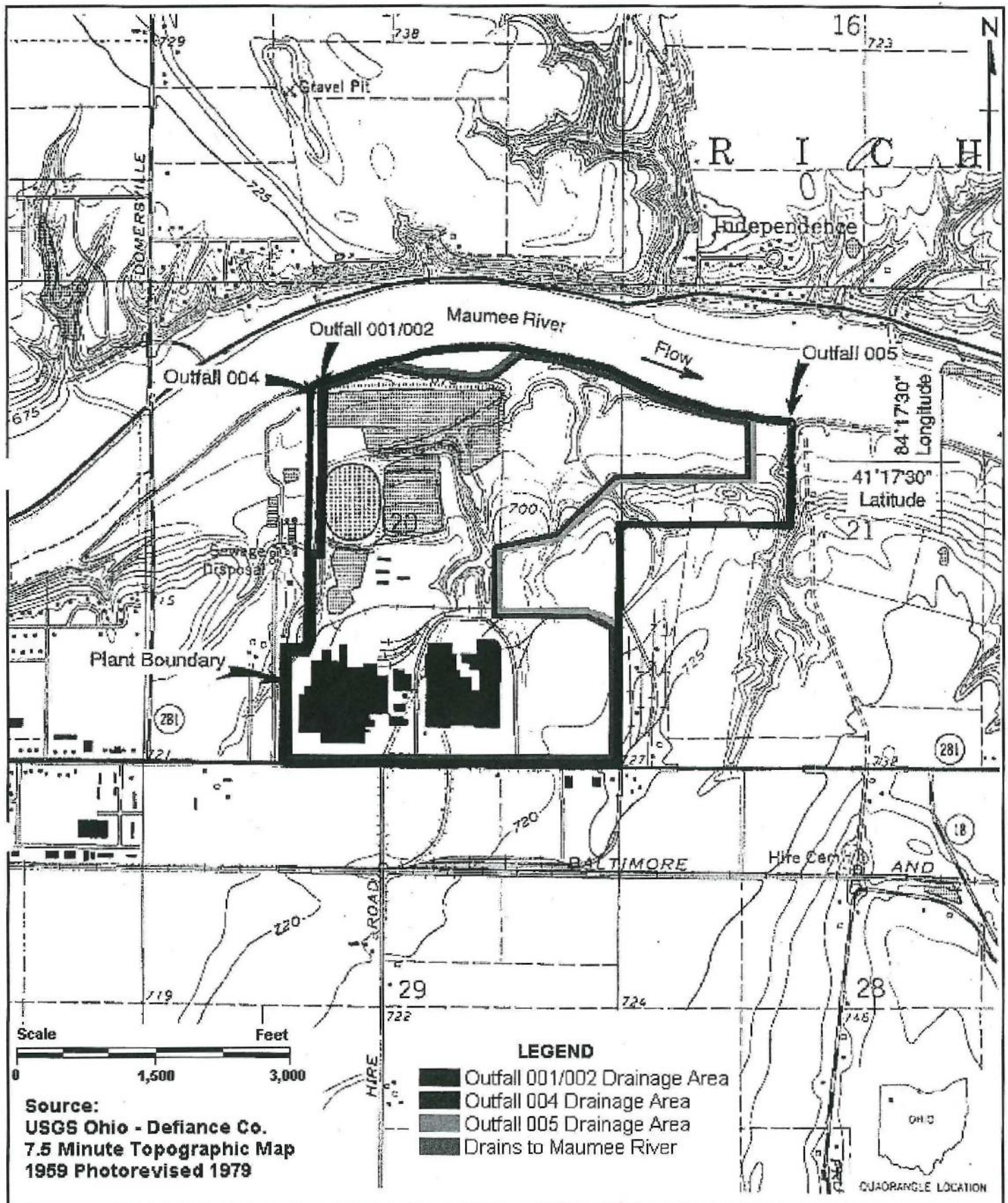
Part B - List each parameter that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. Press F1 for additional details and instructions.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Arsenic, Total (As)	7440382	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Barium Total (Ba)	7440393	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Cadmium, Total (Cd)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Carbon, Total Organic (TOC)		8 mg/l	0 kg/day	7 mg/l	0 kg/day	3	
Chloride, Total		21 mg/l	1 kg/day	16 mg/l	1 kg/day	2	
Chromium, Total		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Copper, Total (Cu)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Cyanide, Total		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Fluoride, Total (F)		2 mg/l	0 kg/day	2 mg/l	0 kg/day	3	
Iron, Total (Fe)		3 mg/l	0 kg/day	2 mg/l	0 kg/day	3	
Lead, Total (Pb)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Magnesium, Total (Mg)	7439954	38 mg/l	1 kg/day	32 mg/l	1 kg/day	3	
Manganese, Total		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Mercury, Total (Hg)	7439976	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Nitrogen, Ammonia (NH3)	7664-41-7	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Phenolic 4AAP, Total		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Selenium, Total (Se)	7782492	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Silver, Total (Ag)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Sulfate, (SO4)	14808798	85 mg/l	3 kg/day	80 mg/l	3 kg/day	3	
Zinc, Total (Zn)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know of have reason to believe is present. Press F1 for the tables and for additional details and

requirements. Complete one table for each outfall.

Pollutant	CAS Number	Maxim. values (include units)		Ave. Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Aluminum, Total	7429-90-5	0 mg/l	0 kg/day	mg/l	kg/day	1	
Boron, Total	7440-42-8	0 mg/l	0 kg/day	mg/l	kg/day	1	
Color		10 mg/l	kg/day	mg/l	kg/day	1	

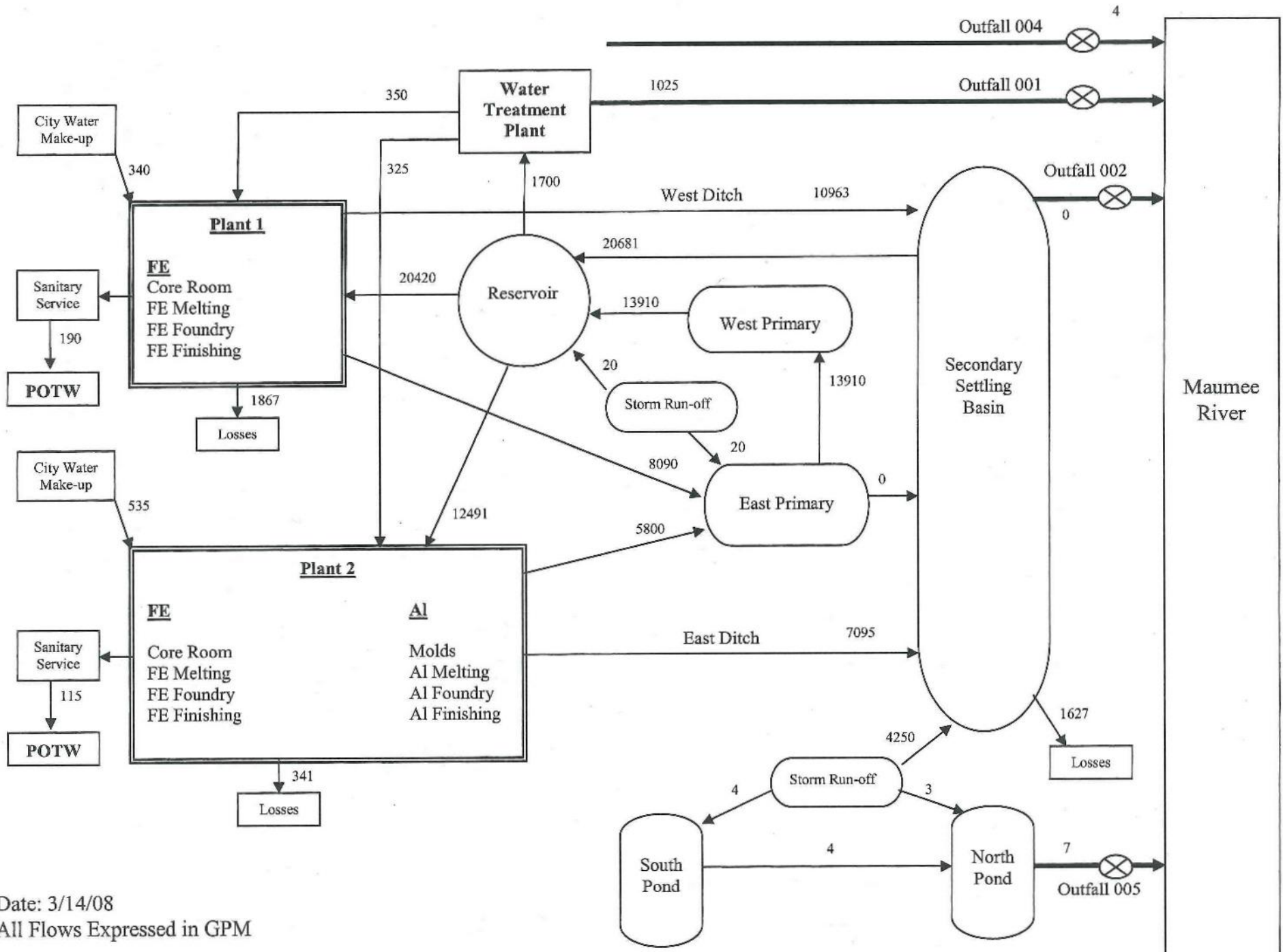


DWN BY: MP	CHK'D BY SA	SCALE
APPR BY:	DATE 07/29/98	FILE NAME Figure 1.ppt

PROJECT NO.: 3598-64
FIGURE NO.: Figure 1

General Motors Corporation
Defiance, Ohio
Topographic Map and Drainage Area

GMPT Defiance Water Balance



Date: 3/14/08

All Flows Expressed in GPM



DIVISION OF SURFACE WATER

RECEIVED

MAR 31 2008

OHIO E.P.A.
N.W.D.O.

Page 1

Antidegradation Addendum

In accordance with Ohio Administrative Code 3745-1-05 (Antidegradation), additional information may be required to complete your application for a permit to install or NPDES permit. For any application that may result in an increase in the level of pollutants being discharged (NPDES and/or PTI) or for which there might be activity taking place within a stream bed, the processing of the permit(s) may be required to go through procedures as outlined in the antidegradation rule. The rule outlines procedures for public notification and participation as well as procedures pertaining to the levels of review necessary. The levels of review necessary depend on the degradation being considered/requested. The rule also outlines exclusions from portions of the application and review requirements and waivers that the Director may grant as specified in Section 3745-1-05(D) of the rule. Please complete the following questions. The answers provided will allow the Ohio EPA to determine if additional information is needed. All projects that require both an NPDES and PTI should submit both applications simultaneously to avoid going through the antidegradation process separately for each permit.

A. Applicant: General Motors Powertrain Refinance Plant
Facility Owner: General Motors Corporation
Facility Location (city and county): Defiance, Defiance County
Application or Plans Prepared By: Jahi White
Project Name: NPDES Renewal
NPDES Permit Number (if applicable): 2 IN 00004 #HA

B. Antidegradation Applicability

Is the application for? (check as many as apply):

- ☐ Application with no direct surface water discharge (Projects that do not meet the applicability section of 3745-1-05(B)1, i.e., on-site disposal, extensions of sanitary sewers, spray irrigation, indirect discharger to POTW, etc.). (Complete Section E)
- ☒ Renewal NPDES application or PTI application with no requested increase in loading of currently permitted pollutants. (Complete Section E, Do not complete Sections C or D).
- ☐ PTI and NPDES application for a new wastewater treatment works that will discharge to a surface water. (Complete Sections C and E)
- ☐ An expansion/modification of an existing wastewater treatment works discharging to a surface water that will result in any of the following (PTI and NPDES): (Complete Sections C and E)
- ▶ addition of any pollutant not currently in the discharge, or
 - ▶ an increase in mass or concentration of any pollutant currently in the discharge, or
 - ▶ an increase in any current pollutant limitation in terms of mass or concentration.

sewer service outlined in state or local water quality management planning documents and applicable facility planning documents.

- b. List and describe all government and/or privately sponsored conservation projects that may have been or will be specifically targeted to improve water quality or enhance recreational opportunities on the affected water resource.
- c. Provide a brief description below of all treatment/disposal alternatives evaluated for this application and their respective operational and maintenance needs. (If additional space is needed please attach additional sheets to the end of this addendum).

Preferred design alternative:

Non-degradation alternative(s):

Minimal degradation alternative(s):

Mitigative technique/measure(s):

At a minimum, the following information must be included in the report for each alternative evaluated.

- d. Outline of the treatment/disposal system evaluated, including the costs associated with the equipment, installation, and continued operation and maintenance.
- e. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.
- f. Describe the reliability of the treatment/disposal system, including but not limited to the possibility of recurring operation and maintenance difficulties that would lead to increased degradation.
- g. Describe any impacts to human health and the overall quality and value of the water resource.
- h. Describe and provide an estimate of the important social and economic benefits to be realized through this proposed project. Include the number and types of jobs created and tax revenues generated.
- i. Describe environmental benefits to be realized through this proposed project.
- j. Describe and provide an estimate of the social and economic benefits that may be lost as a result of this project. Include the impacts on commercial and recreational use of the water resource.

CONTINUED FROM THE FRONT

I. SIC CODES (4-digit, in order of priority)

A. FIRST

B. SECOND

321 Grey Iron Foundry

3315 Aluminum Casting Foundry

C. THIRD

D. FOURTH

III. OPERATOR INFORMATION

A. NAME

General Motors Corporation; Thomas Neelands

B. Is the name listed in Item VIII-A also the owner?

☐ Yes ☒ No

C. STATUS OF OPERATOR

(Enter the appropriate letter into the answer box: If "Other", specify.)

F = FEDERAL
S = STATE
P = PRIVATEM = PUBLIC (other than federal or state)
O = OTHER (specify)

P

(specify)

D. PHONE (area code & no.)

(248) 753-4296

E. STREET OR P.O. BOX

000 Centerpoint Parkway

F. CITY OR TOWN

Pontiac

G. STATE

MI

H. ZIP CODE

48341

IX. INDIAN LAND

Is this facility located on Indian lands?

☐ Yes ☒ No

LISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to surface water)

2IN00004*HD

D. PSD (Air emissions from proposed sources)

03-20-01-0001

B. UIC (Underground injection of fluids)

E. OTHER (specify)

N/A

Land Fill License

(specify)
Solid Waste Facility License Class III

C. RCRA (Hazardous waste)

F. OTHER (specify)

OHD005050273

N/A

(specify)

II. MAP

Attach to this application a topographical map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

☒ Yes☐ No

II. NATURE OF BUSINESS (provide a brief description)

Production facility for manufacture of aluminum, grey, malleable, and nodular iron castings for automotive and industrial uses.

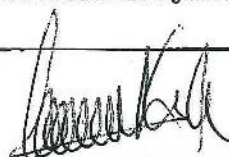
XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

Thomas W Neelands
Global Director

B. SIGNATURE



C. DATE SIGNED

03/27/2008
00/00/0000

COMMENTS FOR OFFICIAL USE ONLY

FORM
2C
NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	41	17	18	84	19	1	Maumee River
002	41	17	39	84	18	58	Maumee River
004	41	17	30	84	19	3	Maumee River
005	41	17	35	84	17	56	Maumee River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Please view the Spillware file for the requested information.

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes☒ No

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ YES (complete Item III-B)☐ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)☒ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

IV. IMPROVEMENTS

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES

(complete the following table)

☒ NO

(go to Item IV-B)

B. OPTIONAL: You may attach additional sheets describing any additional water pollution prevention control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding - Complete one set of tables for each outfall - Annotate the outfall number in the space provided.

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	88 acres	1075 acres	004	1.5 acres on site	29 acres on site, several acres off site
002	88 acres	1075 acres	005	0 acres	27 acres

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	cupola cooling water, cupola emissions system, slurry system, dust collection, core machine cooling, a/c condensate, evaporative cooler, make-up air units, stormwater, core box cleaning, dredging operation, maint. parts cleaning steam booth, pit 1 core dip, cold box tool cleaning, core container cleaning, floor washdowns, landfill leachate & pumping station, tool cleaning	1C, 1B, 1D, 2A, 2C, 2D, 5B, 4A, 5Q, 4C

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	88 acres	1075 acres	004	1.5 acres on site	29 acres on site, several acres off site
002	88 acres	1075 acres	005	0 acres	27 acres

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water, method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
004	Storm water ditch on west end of property to river with a pump station designed to capture and pump first flush of storm events into the process water	10, 4A
005	Storm water discharge from landfill runoff basin to river on northeast corner of property	10, 4A

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

I. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or product?

☐ YES*(list all such pollutants below)*☒ NO*(go to Item VI-B)***II. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES*(identify the test(s) and describe their purposes below)*☐ NO*(go to Section VIII)*

As part of the current NPDES permit, the plant has conducted annual evaluations of acute and chronic toxicity. The results of the testing indicate that the plant effluent is less than 1.0 TUA and less than 1.0 TUC. The plant has used the following environmental laboratory to perform the effluent toxicity testing for the plant's NPDES requirements.

1. Environmental Consulting, LLC

5 W. Michigan Ave.
Ann Arbor, MI 48106
(734) 456-6881

III. CONTRACT ANALYSIS INFORMATION


Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES*(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)*☐ NO*(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)
East America	4101 Shuffel Drive NW North Canton OH 44720-	(330) 497-9396

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print) Thomas W. Neelands, Global Director	B. PHONE NO. (area code & no.) 248-753-4296
SIGNATURE  ROBERT S. CRUMP	D. DATE SIGNED 03/27/2008

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

 OUTFALL NO.
001

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
Biochemical Oxygen Demand (BOD)	14	127.87					1	mg/l	kg/day			
Chemical Oxygen Demand (COD)	42.2	385.44					1	mg/l	kg/day			
Total Organic Carbon (TOC)	35	319.67					1	mg/l	kg/day			
Total Suspended Solids (TSS)	25	182.79			5.8	33.95	43	mg/l	kg/day	13.33		42
Ammonia (as N)	26	190.37			8.7	51.01	44	mg/l	kg/day	8.5		42
Flow	2.51				1.55		44	mgd	kg/day			
Temperature (Winter)	6				9.4		14	°C				
Temperature (Summer)	26				23.3		10	°C				
pH	7.7						44	Standard Units				

PART B - Mark 'X' in column 2-a for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE- SENT ?	2. EFFLUENT							3. UNITS <i>(specify if blank)</i>		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES			a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
Bromide	<input checked="" type="checkbox"/>	.9	8.22					1	mg/l	kg/day			
Chlorine, Total Residual	<input checked="" type="checkbox"/>	.03	.09			.003	.02	44	mg/l	kg/day	.023		42
Color	<input checked="" type="checkbox"/>	11						1	mg/l	kg/day			
Fecal Coliform	<input checked="" type="checkbox"/>	6	54.8					1	mg/l	kg/day			
Fluoride	<input checked="" type="checkbox"/>	17.9	163.49					1	mg/l	kg/day			
Nitrate-Nitrate (as N)	<input checked="" type="checkbox"/>	.8	7.31					1	mg/l	kg/day			
Nitrogen, Total Organic (as N)	<input checked="" type="checkbox"/>	3	27.4					1	mg/l	kg/day			
Oil and Grease	<input type="checkbox"/>								mg/l	kg/day	0		42
Phosphorus (as P), Total	<input checked="" type="checkbox"/>	.11	1					1	mg/l	kg/day			
Radioactivity:(1) Alpha, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(2) Beta, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(3) Radium, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(4) Radium 226, Total	<input type="checkbox"/>								mg/l	kg/day			
Sulfate (as SO4)	<input checked="" type="checkbox"/>	181	1653.17					1	mg/l	kg/day			
Sulfide (as S)	<input type="checkbox"/>								mg/l	kg/day			
Sulfite (as SO3)	<input type="checkbox"/>								mg/l	kg/day			
Surfactants	<input type="checkbox"/>								mg/l	kg/day			
Aluminum, Total	<input type="checkbox"/>								mg/l	kg/day			
Barium, Total	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Boron, Total	<input checked="" type="checkbox"/>	.436	3.98					1	mg/l	kg/day		
Cobalt, Total	<input type="checkbox"/>								mg/l	kg/day		
Iron, Total	<input checked="" type="checkbox"/>	.349	3.19					1	mg/l	kg/day		
Magnesium, Total	<input checked="" type="checkbox"/>	13.5	123.3					1	mg/l	kg/day		
Molybdenum, Total	<input checked="" type="checkbox"/>	74.2	.60			49.34	.29	5	ug/l	kg/day	66.03	4
Manganese, Total	<input checked="" type="checkbox"/>	.78	7.12					1	mg/l	kg/day		
Tin, Total	<input type="checkbox"/>								mg/l	kg/day		
Titanium, Total	<input type="checkbox"/>								mg/l	kg/day		

PART C - If you are primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark 'X' in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and non required GC/MS fractions), mark 'X' in column 2-b for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2, 4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES	
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS		
Metals, Cyanids, and Total Phenols													
Antimony, Total	<input type="checkbox"/>								ug/l	kg/day	2.5		4
Arsenic, Total	<input type="checkbox"/>								mg/l	kg/day			
Beryllium, Total	<input type="checkbox"/>								mg/l	kg/day			
Cadmium, Total	<input type="checkbox"/>								ug/l	kg/day	0		4
Chromium, Total	<input type="checkbox"/>								mg/l	kg/day			
Copper, Total	<input type="checkbox"/>								ug/l	kg/day	2.27		42
Lead, Total	<input checked="" type="checkbox"/>	17.1	.12			3.58	.02	44	ug/l	kg/day	12.25		42
Mercury, Total	<input checked="" type="checkbox"/>	.71	5.63			.26	1.51	5	mg/l	kg/day			
Nickel, Total	<input type="checkbox"/>								mg/l	kg/day			
Selenium, Total	<input type="checkbox"/>								mg/l	kg/day			
Silver, Total	<input type="checkbox"/>								mg/l	kg/day			
Thallium, Total	<input type="checkbox"/>								mg/l	kg/day			
Zinc, Total	<input checked="" type="checkbox"/>	156	1.21			56.11	.33	44	ug/l	kg/day	162.6		42
Cyanide, Total	<input checked="" type="checkbox"/>	.02	.12			.003	.02	5	mg/l	kg/day	.003		4
Phenols, Total	<input checked="" type="checkbox"/>	170	1.55			17.61	.10	44	ug/l	kg/day	17.67		42
Dioxin													
2,3,7,8-Tetrachlorodibenzo-P-Dioxin	<input type="checkbox"/>								mg/l	kg/day			
GC/MS Fraction - Volatile Compounds													
Acrolein	<input type="checkbox"/>								mg/l	kg/day			
Acrylonitrile	<input type="checkbox"/>								mg/l	kg/day			
Benzene	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Volatile Compounds												
Bis (Chloromethyl) Ether	<input type="checkbox"/>								mg/l	kg/day		2
Bromoform	<input type="checkbox"/>								mg/l	kg/day		
Carbon Tetrachloride	<input type="checkbox"/>								mg/l	kg/day		
Chlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
Chlorodibromomethane	<input type="checkbox"/>								mg/l	kg/day		
Chloroethane	<input type="checkbox"/>								mg/l	kg/day		
2-Chloroethylvinyl Ether	<input type="checkbox"/>								mg/l	kg/day		
Chloroform	<input type="checkbox"/>								mg/l	kg/day		
Dichlorobromomethane	<input type="checkbox"/>								mg/l	kg/day		
Dichlorodifluoromethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloropropane	<input type="checkbox"/>								mg/l	kg/day		
1,3-Dichloropropylene	<input type="checkbox"/>								mg/l	kg/day		
Ethylbenzene	<input type="checkbox"/>								mg/l	kg/day		
Methyl Bromide	<input type="checkbox"/>								mg/l	kg/day		
Methyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
Methylene Chloride	<input type="checkbox"/>								mg/l	kg/day		
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>								mg/l	kg/day		
Tetrachloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Toluene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Transdichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,1,1-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1,2-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
Trichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Trichlorofluoromethane	<input type="checkbox"/>								mg/l	kg/day		
Vinyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Acid Compounds												
2-Chlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dichlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dimethyphenol	<input type="checkbox"/>								mg/l	kg/day		
4,6-Dinitro-O-Cresol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dinitrophenol	<input type="checkbox"/>								mg/l	kg/day		
2-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
4-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
P-Chloro-M-Cresol	<input type="checkbox"/>								mg/l	kg/day		
Pentachlorophenol	<input type="checkbox"/>								mg/l	kg/day		
Phenol	<input type="checkbox"/>								mg/l	kg/day		
2,4,6-Trichlorophenol	<input type="checkbox"/>								mg/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	<i>(specify if blank)</i>		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
GC/MS Fraction - Base/Neutral Compounds													
Acenaphthene	<input type="checkbox"/>								mg/l	kg/day			
Acenaphthylene	<input type="checkbox"/>								mg/l	kg/day			
Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benzidine	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Benzofluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (ghi) Perylene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (k) Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethoxy) Methane	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Ethylhexyl) Phthalate	<input type="checkbox"/>								mg/l	kg/day			
4-Bromophenyl Phenyl	<input type="checkbox"/>								mg/l	kg/day			
Butyl Benzyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
2-Chloronaphthalene	<input type="checkbox"/>								mg/l	kg/day			
4-Chlorophenyl Phenyl Ether	<input type="checkbox"/>								mg/l	kg/day			
Chrysene	<input type="checkbox"/>								mg/l	kg/day			
Dibenzo (a,h) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
1,2-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,3-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,4-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
3,3-Dichlorobenzidine	<input type="checkbox"/>								mg/l	kg/day			
Diethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Dimethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Butyl Phthlate	<input type="checkbox"/>								mg/l	kg/day			
2,4-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
2,6-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Octyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
1,2-Diphenylhydrazine (as Azobenzene)	<input type="checkbox"/>								mg/l	kg/day			
Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Fluorene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobutadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorocyclopentadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachloroethane	<input type="checkbox"/>								mg/l	kg/day			
Indeno (1,2,3-cd) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Isophorone	<input type="checkbox"/>								mg/l	kg/day			
Napthalene	<input type="checkbox"/>								mg/l	kg/day			
Nitrobenzene	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRESENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Base/Neutral Compounds												
N-Nitrosodimethylamine	<input type="checkbox"/>								mg/l	kg/day		
N-Nitrosodi-N-Propylamine	<input type="checkbox"/>								mg/l	kg/day		
N-Nitrosodiphenylamine	<input type="checkbox"/>								mg/l	kg/day		
Phenanthrene	<input type="checkbox"/>								mg/l	kg/day		
Pyrene	<input type="checkbox"/>								mg/l	kg/day		
1,2,4-Trichlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Pesticides												
Aldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-BHC	<input type="checkbox"/>								mg/l	kg/day		
Beta-BHC	<input type="checkbox"/>								mg/l	kg/day		
Gamma-BHC	<input type="checkbox"/>								mg/l	kg/day		
Delta-BHC	<input type="checkbox"/>								mg/l	kg/day		
Chlordane	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDT	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDE	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDD	<input type="checkbox"/>								mg/l	kg/day		
Dieldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Beta-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Endosulfan Sulfate	<input type="checkbox"/>								mg/l	kg/day		
Endrin	<input type="checkbox"/>								mg/l	kg/day		
Endrin Aldehyde	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor Epoxide	<input type="checkbox"/>								mg/l	kg/day		
PCB-1242	<input type="checkbox"/>								mg/l	kg/day		
PCB-1254	<input type="checkbox"/>								mg/l	kg/day		
PCB-1221	<input type="checkbox"/>								mg/l	kg/day		
PCB-1232	<input type="checkbox"/>								mg/l	kg/day		
PCB-1248	<input type="checkbox"/>								mg/l	kg/day		
PCB-1260	<input type="checkbox"/>								mg/l	kg/day		
PCB-1016	<input type="checkbox"/>								mg/l	kg/day		
Toxaphene	<input type="checkbox"/>								mg/l	kg/day		

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

 OUTFALL NO.
002

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
Biochemical Oxygen Demand (BOD)	16						1	mg/l	kg/day			
Chemical Oxygen Demand (COD)	41.2						1	mg/l	kg/day			
Total Organic Carbon (TOC)	37						1	mg/l	kg/day			
Total Suspended Solids (TSS)	12						1	mg/l	kg/day			
Ammonia (as N)	11				7.2		2	mg/l	kg/day			
Flow	4.5						1	mgd	kg/day			
Temperature (Winter)	2.7						1	°C				
Temperature (Summer)	10.8						1	°C				
pH	7						2	Standard Units				

PART B - Mark 'X' in column 2-a for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)				d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE	
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		
Bromide	<input checked="" type="checkbox"/>	.8						1	mg/l	kg/day			
Chlorine, Total Residual	<input checked="" type="checkbox"/>	.1						1	mg/l	kg/day			
Color	<input checked="" type="checkbox"/>	40						1	mg/l	kg/day			
Fecal Coliform	<input checked="" type="checkbox"/>	2						1	mg/l	kg/day			
Fluoride	<input checked="" type="checkbox"/>	18						1	mg/l	kg/day			
Nitrate-Nitrate (as N)	<input checked="" type="checkbox"/>	1						1	mg/l	kg/day			
Nitrogen, Total Organic (as N)	<input checked="" type="checkbox"/>	4						1	mg/l	kg/day			
Oil and Grease	<input type="checkbox"/>								mg/l	kg/day			
Phosphorus (as P), Total	<input checked="" type="checkbox"/>	.5						1	mg/l	kg/day			
Radioactivity:(1) Alpha, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(2) Beta, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(3) Radium, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(4) Radium 226, Total	<input type="checkbox"/>								mg/l	kg/day			
Sulfate (as SO4)	<input checked="" type="checkbox"/>	186						1	mg/l	kg/day			
Sulfide (as S)	<input type="checkbox"/>								mg/l	kg/day			
Sulfite (as SO3)	<input type="checkbox"/>								mg/l	kg/day			
Surfactants	<input type="checkbox"/>								mg/l	kg/day			
Aluminum, Total	<input checked="" type="checkbox"/>	.4						1	mg/l	kg/day			
Barium, Total	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Boron, Total	<input checked="" type="checkbox"/>	.5						1	mg/l	kg/day		
Cobalt, Total	<input type="checkbox"/>								mg/l	kg/day		
Iron, Total	<input checked="" type="checkbox"/>	2.4						1	mg/l	kg/day		
Magnesium, Total	<input checked="" type="checkbox"/>	14.9						1	mg/l	kg/day		
Molybdenum, Total	<input type="checkbox"/>								mg/l	kg/day		
Manganese, Total	<input checked="" type="checkbox"/>	1.2						1	mg/l	kg/day		
Tin, Total	<input type="checkbox"/>								mg/l	kg/day		
Titanium, Total	<input type="checkbox"/>								mg/l	kg/day		

PART C - If you are primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark 'X' in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and non required GC/MS fractions), mark 'X' in column 2-b for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2, 4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES	
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS		
Metals, Cyanids, and Total Phenols													
Antimony, Total	<input type="checkbox"/>								mg/l	kg/day			
Arsenic, Total	<input type="checkbox"/>								mg/l	kg/day			
Beryllium, Total	<input type="checkbox"/>								mg/l	kg/day			
Cadmium, Total	<input type="checkbox"/>								mg/l	kg/day			
Chromium, Total	<input type="checkbox"/>								mg/l	kg/day			
Copper, Total	<input checked="" type="checkbox"/>	11.7				5.9		2	ug/l	kg/day			
Lead, Total	<input checked="" type="checkbox"/>	24.1				12.1		2	ug/l	kg/day			
Mercury, Total	<input type="checkbox"/>								mg/l	kg/day			
Nickel, Total	<input type="checkbox"/>								mg/l	kg/day			
Selenium, Total	<input type="checkbox"/>								mg/l	kg/day			
Silver, Total	<input type="checkbox"/>								mg/l	kg/day			
Thallium, Total	<input type="checkbox"/>								mg/l	kg/day			
Zinc, Total	<input checked="" type="checkbox"/>	1210				893		2	ug/l	kg/day			
Cyanide, Total	<input checked="" type="checkbox"/>	.01						1	mg/l	kg/day			
Phenols, Total	<input checked="" type="checkbox"/>	.1						1	mg/l	kg/day			
Dioxin													
2,3,7,8-Tetrachlorodibenzo-P-Dioxin	<input type="checkbox"/>								mg/l	kg/day			
GC/MS Fraction - Volatile Compounds													
Acrolein	<input type="checkbox"/>								mg/l	kg/day			
Acrylonitrile	<input type="checkbox"/>								mg/l	kg/day			
Benzene	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Volatile Compounds												
Bis (Chloromethyl) Ether	<input type="checkbox"/>								mg/l	kg/day		
Bromoform	<input type="checkbox"/>								mg/l	kg/day		
Carbon Tetrachloride	<input type="checkbox"/>								mg/l	kg/day		
Chlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
Chlorodibromomethane	<input type="checkbox"/>								mg/l	kg/day		
Chloroethane	<input type="checkbox"/>								mg/l	kg/day		
2-Chloroethylvinyl Ether	<input type="checkbox"/>								mg/l	kg/day		
Chloroform	<input type="checkbox"/>								mg/l	kg/day		
Dichlorobromomethane	<input type="checkbox"/>								mg/l	kg/day		
Dichlorodifluoromethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloropropane	<input type="checkbox"/>								mg/l	kg/day		
1,3-Dichloropropylene	<input type="checkbox"/>								mg/l	kg/day		
Ethylbenzene	<input type="checkbox"/>								mg/l	kg/day		
Methyl Bromide	<input type="checkbox"/>								mg/l	kg/day		
Methyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
Methylene Chloride	<input type="checkbox"/>								mg/l	kg/day		
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>								mg/l	kg/day		
Tetrachloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Toluene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Transdichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,1,1-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1,2-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
Trichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Trichlorofluoromethane	<input type="checkbox"/>								mg/l	kg/day		
Vinyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Acid Compounds												
2-Chlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dichlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dimethoxyphenol	<input type="checkbox"/>								mg/l	kg/day		
4,6-Dinitro-O-Cresol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dinitrophenol	<input type="checkbox"/>								mg/l	kg/day		
2-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
4-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
p-Chloro-M-Cresol	<input type="checkbox"/>								mg/l	kg/day		
Pentachlorophenol	<input type="checkbox"/>								mg/l	kg/day		
Phenol	<input type="checkbox"/>								mg/l	kg/day		
2,4,6-Trichlorophenol	<input type="checkbox"/>								mg/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	<i>(specify if blank)</i>		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1)	(2)	(1)	(2)	(1)	(2)		(1)	(2)			
		CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		CONCENTRATION	MASS	CONCENTRATION	MASS	
GC/MS Fraction - Base/Neutral Compounds													
Acenaphthene	<input type="checkbox"/>								mg/l	kg/day			
Acenaphtylene	<input type="checkbox"/>								mg/l	kg/day			
Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benidine	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Benzo(a)fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (ghi) Perylene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (k) Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethoxy) Methane	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Ehtylhexyl) Phthalate	<input type="checkbox"/>								mg/l	kg/day			
4-Bromophenyl Phenyl	<input type="checkbox"/>								mg/l	kg/day			
Butyl Benzyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
2-Chloronaphthalene	<input type="checkbox"/>								mg/l	kg/day			
4-Chlorophenyl Phenyl Ether	<input type="checkbox"/>								mg/l	kg/day			
Chrysene	<input type="checkbox"/>								mg/l	kg/day			
Dibenzo (a,h) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
1,2,-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,3-Dicholorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,4-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
3,3-Dichlorobenzidine	<input type="checkbox"/>								mg/l	kg/day			
Diethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Dimethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Butyl Phthlate	<input type="checkbox"/>								mg/l	kg/day			
2,4-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
2,6-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Octyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
1,2-Diphenylhydrazine (as Azobenze	<input type="checkbox"/>								mg/l	kg/day			
Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Fluorene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobutadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorocyclopentadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachloroethane	<input type="checkbox"/>								mg/l	kg/day			
Indeno (1,2,3-cd) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Isophorone	<input type="checkbox"/>								mg/l	kg/day			
Napthalene	<input type="checkbox"/>								mg/l	kg/day			
Nitrobenzene	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Base/Neutral Compounds												
N-Nitrosodimethylamine	<input type="checkbox"/>								mg/l	kg/day		
N-Nitrosodi-N-Propylamine	<input type="checkbox"/>								mg/l	kg/day		
N-Nitrosodiphenylamine	<input type="checkbox"/>								mg/l	kg/day		
Phenanthrene	<input type="checkbox"/>								mg/l	kg/day		
Pyrene	<input type="checkbox"/>								mg/l	kg/day		
1,2,4-Trichlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Pesticides												
Aldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-BHC	<input type="checkbox"/>								mg/l	kg/day		
Beta-BHC	<input type="checkbox"/>								mg/l	kg/day		
Gamma-BHC	<input type="checkbox"/>								mg/l	kg/day		
Delta-BHC	<input type="checkbox"/>								mg/l	kg/day		
Chlordane	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDT	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDE	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDD	<input type="checkbox"/>								mg/l	kg/day		
Dieldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Beta-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Endosulfan Sulfate	<input type="checkbox"/>								mg/l	kg/day		
Endrin	<input type="checkbox"/>								mg/l	kg/day		
Endrin Aldehyde	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor Epoxide	<input type="checkbox"/>								mg/l	kg/day		
PCB-1242	<input type="checkbox"/>								mg/l	kg/day		
PCB-1254	<input type="checkbox"/>								mg/l	kg/day		
PCB-1221	<input type="checkbox"/>								mg/l	kg/day		
PCB-1232	<input type="checkbox"/>								mg/l	kg/day		
PCB-1248	<input type="checkbox"/>								mg/l	kg/day		
PCB-1260	<input type="checkbox"/>								mg/l	kg/day		
PCB-1016	<input type="checkbox"/>								mg/l	kg/day		
Toxaphene	<input type="checkbox"/>								mg/l	kg/day		

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

 OUTFALL NO.
004

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
Biochemical Oxygen Demand (BOD)	6	1.19			2.7	.36	3	mg/l	kg/day			
Chemical Oxygen Demand (COD)	180	5.42			97.8	13.23	3	mg/l	kg/day			
Total Organic Carbon (TOC)	10	.30			8.3	1.13	3	mg/l	kg/day			
Total Suspended Solids (TSS)	900	178.78			613.3	82.98	3	mg/l	kg/day			
Ammonia (as N)	2	.06			1.2	.17	3	mg/l	kg/day			
Flow		.05				.04	3	mgd	kg/day			
Temperature (Winter)		11.6				12.7	2	°C				
Temperature (Summer)		23.6					1	°C				
pH	9.4						3	Standard Units				

PART B - Mark 'X' in column 2-a for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			(1) CONCENTRATION	(2) MASS	a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
Bromide	<input type="checkbox"/>								mg/l	kg/day			
Chlorine, Total Residual	<input type="checkbox"/>								mg/l	kg/day			
Color	<input checked="" type="checkbox"/>	60						1	mg/l	kg/day			
Fecal Coliform	<input checked="" type="checkbox"/>	98	17.36					1	mg/l	kg/day			
Fluoride	<input checked="" type="checkbox"/>	5.9	.18			5.65	.76	2	mg/l	kg/day			
Nitrate-Nitrate (as N)	<input checked="" type="checkbox"/>	.9	.16					1	mg/l	kg/day			
Nitrogen, Total Organic (as N)	<input type="checkbox"/>								mg/l	kg/day			
Oil and Grease	<input type="checkbox"/>								mg/l	kg/day			
Phosphorus (as P), Total	<input checked="" type="checkbox"/>	.54	.10					1	mg/l	kg/day			
Radioactivity:(1) Alpha, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(2) Beta, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(3) Radium, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(4) Radium 226, Total	<input type="checkbox"/>								mg/l	kg/day			
Sulfate (as SO4)	<input checked="" type="checkbox"/>	59.5	10.54			54.4	7.35	2	mg/l	kg/day			
Sulfide (as S)	<input type="checkbox"/>								mg/l	kg/day			
Sulfite (as SO3)	<input type="checkbox"/>								mg/l	kg/day			
Surfactants	<input type="checkbox"/>								mg/l	kg/day			
Aluminum, Total	<input checked="" type="checkbox"/>	7.3	1.29					1	mg/l	kg/day			
Barium, Total	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Boron, Total	<input checked="" type="checkbox"/>	.3	.05					1	mg/l	kg/day		
Cobalt, Total	<input type="checkbox"/>								mg/l	kg/day		
Iron, Total	<input checked="" type="checkbox"/>	33.6	6.67			20.7	2.8	3	mg/l	kg/day		
Magnesium, Total	<input checked="" type="checkbox"/>	11.9	2.36			9.7	1.32	3	mg/l	kg/day		
Molybdenum, Total	<input type="checkbox"/>								mg/l	kg/day		
Manganese, Total	<input checked="" type="checkbox"/>	.88	.17			.69	.09	3	mg/l	kg/day		
Tin, Total	<input type="checkbox"/>								mg/l	kg/day		
Titanium, Total	<input checked="" type="checkbox"/>	.14	.02					1	mg/l	kg/day		

PART C - If you are primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark 'X' in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and non required GC/MS fractions), mark 'X' in column 2-b for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2, 4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES			a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
Metals, Cyanids, and Total Phenols													
Antimony, Total	<input type="checkbox"/>								mg/l	kg/day			
Arsenic, Total	<input checked="" type="checkbox"/>	.013	0			.01	0	3	mg/l	kg/day			
Beryllium, Total	<input type="checkbox"/>								mg/l	kg/day			
Cadmium, Total	<input checked="" type="checkbox"/>	.003	0			.001	0	3	mg/l	kg/day			
Chromium, Total	<input checked="" type="checkbox"/>	.05	.01			.03	0	3	mg/l	kg/day			
Copper, Total	<input checked="" type="checkbox"/>	.04	.01			.02	0	3	mg/l	kg/day			
Lead, Total	<input checked="" type="checkbox"/>	.05	.01			.03	0	3	mg/l	kg/day			
Mercury, Total	<input checked="" type="checkbox"/>	.0002	0			0	0	3	mg/l	kg/day			
Nickel, Total	<input type="checkbox"/>								mg/l	kg/day			
Selenium, Total	<input type="checkbox"/>								mg/l	kg/day			
Silver, Total	<input type="checkbox"/>								mg/l	kg/day			
Thallium, Total	<input type="checkbox"/>								mg/l	kg/day			
Zinc, Total	<input checked="" type="checkbox"/>	.42	.01			.34	.05	3	mg/l	kg/day			
Cyanide, Total	<input type="checkbox"/>								mg/l	kg/day			
Phenols, Total	<input type="checkbox"/>								mg/l	kg/day			
Dioxin													
2,3,7,8-Tetrachlorodibenzo-P-Dioxin	<input type="checkbox"/>								mg/l	kg/day			
GC/MS Fraction - Volatile Compounds													
Acrolein	<input type="checkbox"/>								mg/l	kg/day			
Acrylonitrile	<input type="checkbox"/>								mg/l	kg/day			
Benzene	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Volatile Compounds												
Bis (Chloromethyl) Ether	<input type="checkbox"/>								mg/l	kg/day		
Bromoform	<input type="checkbox"/>								mg/l	kg/day		
Carbon Tetrachloride	<input type="checkbox"/>								mg/l	kg/day		
Chlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
Chlorodibromomethane	<input type="checkbox"/>								mg/l	kg/day		
Chloroethane	<input type="checkbox"/>								mg/l	kg/day		
2-Chloroethylvinyl Ether	<input type="checkbox"/>								mg/l	kg/day		
Chloroform	<input type="checkbox"/>								mg/l	kg/day		
Dichlorobromomethane	<input type="checkbox"/>								mg/l	kg/day		
Dichlorodifluoromethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloropropane	<input type="checkbox"/>								mg/l	kg/day		
1,3-Dichloropropylene	<input type="checkbox"/>								mg/l	kg/day		
Ethylbenzene	<input type="checkbox"/>								mg/l	kg/day		
Methyl Bromide	<input type="checkbox"/>								mg/l	kg/day		
Methyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
Methylene Chloride	<input type="checkbox"/>								mg/l	kg/day		
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>								mg/l	kg/day		
Tetrachloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Toluene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Transdichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,1,1-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1,2-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
Trichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Trichlorofluoromethane	<input type="checkbox"/>								mg/l	kg/day		
Vinyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Acid Compounds												
2-Chlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dichlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dimethoxyphenol	<input type="checkbox"/>								mg/l	kg/day		
4,6-Dinitro-O-Cresol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dinitrophenol	<input type="checkbox"/>								mg/l	kg/day		
2-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
4-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
p-Chloro-M-Cresol	<input type="checkbox"/>								mg/l	kg/day		
Pentachlorophenol	<input type="checkbox"/>								mg/l	kg/day		
Phenol	<input type="checkbox"/>								mg/l	kg/day		
2,4,6-Trichlorophenol	<input type="checkbox"/>								mg/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Base/Neutral Compounds												
Acenaphthene	<input type="checkbox"/>								mg/l	kg/day		
Acenaphthylene	<input type="checkbox"/>								mg/l	kg/day		
Anthracene	<input type="checkbox"/>								mg/l	kg/day		
Benzidine	<input type="checkbox"/>								mg/l	kg/day		
Benzo (a) Anthracene	<input type="checkbox"/>								mg/l	kg/day		
Benzo (a) Pyrene	<input type="checkbox"/>								mg/l	kg/day		
Benzofluoranthene	<input type="checkbox"/>								mg/l	kg/day		
Benzo (ghi) Perylene	<input type="checkbox"/>								mg/l	kg/day		
Benzo (k) Fluoranthene	<input type="checkbox"/>								mg/l	kg/day		
Bis (2-Chloroethoxy) Methane	<input type="checkbox"/>								mg/l	kg/day		
Bis (2-Chloroethyl) Ether	<input type="checkbox"/>								mg/l	kg/day		
Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>								mg/l	kg/day		
Bis (2-Ethylhexyl) Phthalate	<input type="checkbox"/>								mg/l	kg/day		
4-Bromophenyl Phenyl	<input type="checkbox"/>								mg/l	kg/day		
Butyl Benzyl Phthalate	<input type="checkbox"/>								mg/l	kg/day		
2-Chloronaphthalene	<input type="checkbox"/>								mg/l	kg/day		
4-Chlorophenyl Phenyl Ether	<input type="checkbox"/>								mg/l	kg/day		
Chrysene	<input type="checkbox"/>								mg/l	kg/day		
Dibenzo (a,h) Anthracene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
1,3-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
1,4-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
3,3-Dichlorobenzidine	<input type="checkbox"/>								mg/l	kg/day		
Diethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day		
Dimethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day		
Di-N-Butyl Phthlate	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day		
2,6-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day		
Di-N-Octyl Phthalate	<input type="checkbox"/>								mg/l	kg/day		
1,2-Diphenylhydrazine (as Azobenzene)	<input type="checkbox"/>								mg/l	kg/day		
Fluoranthene	<input type="checkbox"/>								mg/l	kg/day		
Fluorene	<input type="checkbox"/>								mg/l	kg/day		
Hexachlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
Hexachlorobutadiene	<input type="checkbox"/>								mg/l	kg/day		
Hexachlorocyclopentadiene	<input type="checkbox"/>								mg/l	kg/day		
Hexachloroethane	<input type="checkbox"/>								mg/l	kg/day		
Indeno (1,2,3-cd) Pyrene	<input type="checkbox"/>								mg/l	kg/day		
Isophorone	<input type="checkbox"/>								mg/l	kg/day		
Napthalene	<input type="checkbox"/>								mg/l	kg/day		
Nitrobenzene	<input type="checkbox"/>								mg/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Base/Neutral Compounds												
N-Nitrosodimethylamine	<input type="checkbox"/>								mg/l	kg/day		
N-Nitrosodi-N-Propylamine	<input type="checkbox"/>								mg/l	kg/day		
N-Nitrosodiphenylamine	<input type="checkbox"/>								mg/l	kg/day		
Phenanthrene	<input type="checkbox"/>								mg/l	kg/day		
Pyrene	<input type="checkbox"/>								mg/l	kg/day		
1,2,4-Trichlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Pesticides												
Aldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-BHC	<input type="checkbox"/>								mg/l	kg/day		
Beta-BHC	<input type="checkbox"/>								mg/l	kg/day		
Gamma-BHC	<input type="checkbox"/>								mg/l	kg/day		
Delta-BHC	<input type="checkbox"/>								mg/l	kg/day		
Chlordane	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDT	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDE	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDD	<input type="checkbox"/>								mg/l	kg/day		
Dieldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Beta-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Endosulfan Sulfate	<input type="checkbox"/>								mg/l	kg/day		
Endrin	<input type="checkbox"/>								mg/l	kg/day		
Endrin Aldehyde	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor Epoxide	<input type="checkbox"/>								mg/l	kg/day		
PCB-1242	<input type="checkbox"/>								mg/l	kg/day		
PCB-1254	<input type="checkbox"/>								mg/l	kg/day		
PCB-1221	<input type="checkbox"/>								mg/l	kg/day		
PCB-1232	<input type="checkbox"/>								mg/l	kg/day		
PCB-1248	<input type="checkbox"/>								mg/l	kg/day		
PCB-1260	<input type="checkbox"/>								mg/l	kg/day		
PCB-1016	<input type="checkbox"/>								mg/l	kg/day		
Toxaphene	<input type="checkbox"/>								mg/l	kg/day		

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

 OUTFALL NO.
005

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. LONG TERM AVERAGE VALUE	d. NO. OF ANALYSES			
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
Biochemical Oxygen Demand (BOD)	0				0		3	mg/l	kg/day			
Chemical Oxygen Demand (COD)	15.1	.58			5	.19	3	mg/l	kg/day			
Total Organic Carbon (TOC)	8	.31			6.7	.25	3	mg/l	kg/day			
Total Suspended Solids (TSS)	140	5.34			56	2.14	3	mg/l	kg/day			
Ammonia (as N)	.2	.01			.13	.01	3	mg/l	kg/day			
Flow		.04				.04	3	mgd	kg/day			
Temperature (Winter)		2.8					1	°C				
Temperature (Summer)		24.1				23.15	2	°C				
pH	8						3	Standard Units				

PART B - Mark 'X' in column 2-a for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE- SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)				d. NO. OF ANALYSES	a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				
Bromide	<input type="checkbox"/>								mg/l	kg/day			
Chlorine, Total Residual	<input checked="" type="checkbox"/>	.04	.001					1	mg/l	kg/day			
Color	<input checked="" type="checkbox"/>	10						1	mg/l	kg/day			
Fecal Coliform	<input type="checkbox"/>								mg/l	kg/day			
Fluoride	<input checked="" type="checkbox"/>	1.8	.07			1.67	.06	3	mg/l	kg/day			
Nitrate-Nitrate (as N)	<input checked="" type="checkbox"/>	.8	.03					1	mg/l	kg/day			
Nitrogen, Total Organic (as N)	<input type="checkbox"/>								mg/l	kg/day			
Oil and Grease	<input type="checkbox"/>								mg/l	kg/day			
Phosphorus (as P), Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(1) Alpha, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(2) Beta, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(3) Radium, Total	<input type="checkbox"/>								mg/l	kg/day			
Radioactivity:(4) Radium 226, Total	<input type="checkbox"/>								mg/l	kg/day			
Sulfate (as SO4)	<input checked="" type="checkbox"/>	85	3.24			80.2	3.06	3	mg/l	kg/day			
Sulfide (as S)	<input type="checkbox"/>								mg/l	kg/day			
Sulfite (as SO3)	<input type="checkbox"/>								mg/l	kg/day			
Surfactants	<input type="checkbox"/>								mg/l	kg/day			
Aluminum, Total	<input checked="" type="checkbox"/>	.39	.01					1	mg/l	kg/day			
Barium, Total	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
Boron, Total	<input checked="" type="checkbox"/>	.28	.01					1	mg/l	kg/day		
Cobalt, Total	<input type="checkbox"/>								mg/l	kg/day		
Iron, Total	<input checked="" type="checkbox"/>	2.6	.1			1.7	.07	3	mg/l	kg/day		
Magnesium, Total	<input checked="" type="checkbox"/>	37.5	1.43			32	1.22	3	mg/l	kg/day		
Molybdenum, Total	<input type="checkbox"/>								mg/l	kg/day		
Manganese, Total	<input checked="" type="checkbox"/>	.12	.005			.1	.004	3	mg/l	kg/day		
Tin, Total	<input type="checkbox"/>								mg/l	kg/day		
Titanium, Total	<input type="checkbox"/>								mg/l	kg/day		

PART C - If you are primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark 'X' in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and non required GC/MS fractions), mark 'X' in column 2-b for each pollutant you know or have reason to believe is present. Mark 'X' in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2, 4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table for each outfall. See instructions for additional details and requirements.

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES	
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS		
Metals, Cyanids, and Total Phenols													
Antimony, Total	<input type="checkbox"/>								mg/l	kg/day			
Arsenic, Total	<input type="checkbox"/>								mg/l	kg/day			
Beryllium, Total	<input type="checkbox"/>								mg/l	kg/day			
Cadmium, Total	<input type="checkbox"/>								mg/l	kg/day			
Chromium, Total	<input type="checkbox"/>								mg/l	kg/day			
Copper, Total	<input type="checkbox"/>								mg/l	kg/day			
Lead, Total	<input type="checkbox"/>								mg/l	kg/day			
Mercury, Total	<input type="checkbox"/>								mg/l	kg/day			
Nickel, Total	<input type="checkbox"/>								mg/l	kg/day			
Selenium, Total	<input type="checkbox"/>								mg/l	kg/day			
Silver, Total	<input type="checkbox"/>								mg/l	kg/day			
Thallium, Total	<input type="checkbox"/>								mg/l	kg/day			
Zinc, Total	<input checked="" type="checkbox"/>	.053	.002			.018	.0007	3	mg/l	kg/day			
Cyanide, Total	<input type="checkbox"/>								mg/l	kg/day			
Phenols, Total	<input type="checkbox"/>								mg/l	kg/day			
Dioxin													
2,3,7,8-Tetrachlorodibenzo-P-Dioxin	<input type="checkbox"/>								mg/l	kg/day			
GC/MS Fraction - Volatile Compounds													
Acrolein	<input type="checkbox"/>								mg/l	kg/day			
Acrylonitrile	<input type="checkbox"/>								mg/l	kg/day			
Benzene	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Volatile Compounds												
Bis (Chloromethyl) Ether	<input type="checkbox"/>								mg/l	kg/day		
Bromoform	<input type="checkbox"/>								mg/l	kg/day		
Carbon Tetrachloride	<input type="checkbox"/>								mg/l	kg/day		
Chlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
Chlorodibromomethane	<input type="checkbox"/>								mg/l	kg/day		
Chloroethane	<input type="checkbox"/>								mg/l	kg/day		
2-Chloroethylvinyl Ether	<input type="checkbox"/>								mg/l	kg/day		
Chloroform	<input type="checkbox"/>								mg/l	kg/day		
Dichlorobromomethane	<input type="checkbox"/>								mg/l	kg/day		
Dichlorodifluoromethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1-Dichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Dichloropropane	<input type="checkbox"/>								mg/l	kg/day		
1,3-Dichloropropylene	<input type="checkbox"/>								mg/l	kg/day		
Ethylbenzene	<input type="checkbox"/>								mg/l	kg/day		
Methyl Bromide	<input type="checkbox"/>								mg/l	kg/day		
Methyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
Methylene Chloride	<input type="checkbox"/>								mg/l	kg/day		
1,1,2,2-Tetrachloroethane	<input type="checkbox"/>								mg/l	kg/day		
Tetrachloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Toluene	<input type="checkbox"/>								mg/l	kg/day		
1,2-Transdichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
1,1,1-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
1,1,2-Trichloroethane	<input type="checkbox"/>								mg/l	kg/day		
Trichloroethylene	<input type="checkbox"/>								mg/l	kg/day		
Trichlorofluoromethane	<input type="checkbox"/>								mg/l	kg/day		
Vinyl Chloride	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Acid Compounds												
2-Chlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dichlorophenol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dimethylphenol	<input type="checkbox"/>								mg/l	kg/day		
4,6-Dinitro-O-Cresol	<input type="checkbox"/>								mg/l	kg/day		
2,4-Dinitrophenol	<input type="checkbox"/>								mg/l	kg/day		
2-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
4-Nitrophenol	<input type="checkbox"/>								mg/l	kg/day		
P-Chloro-M-Cresol	<input type="checkbox"/>								mg/l	kg/day		
Pentachlorophenol	<input type="checkbox"/>								mg/l	kg/day		
Phenol	<input type="checkbox"/>								mg/l	kg/day		
2,4,6-Trichlorophenol	<input type="checkbox"/>								mg/l	kg/day		

1. POLLUTANT	2. PRE-SENT ?	2. EFFLUENT						3. UNITS		4. INTAKE			
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	<i>(specify if blank)</i>		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		(1) CONCENTRATION	(2) MASS			
GC/MS Fraction - Base/Neutral Compounds													
Acenaphthene	<input type="checkbox"/>								mg/l	kg/day			
Acenaphtylene	<input type="checkbox"/>								mg/l	kg/day			
Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benzdine	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (a) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Benzo(a)fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (ghi) Perylene	<input type="checkbox"/>								mg/l	kg/day			
Benzo (k) Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethoxy) Methane	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroethyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>								mg/l	kg/day			
Bis (2-Ehtylhexyl) Phthalate	<input type="checkbox"/>								mg/l	kg/day			
4-Bromophenyl Phenyl	<input type="checkbox"/>								mg/l	kg/day			
Butyl Benzyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
2-Chloronaphthalene	<input type="checkbox"/>								mg/l	kg/day			
4-Chlorophenyl Phenyl Ether	<input type="checkbox"/>								mg/l	kg/day			
Chrysene	<input type="checkbox"/>								mg/l	kg/day			
Dibenzo (a,h) Anthracene	<input type="checkbox"/>								mg/l	kg/day			
1,2-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,3-Dicholorobenzene	<input type="checkbox"/>								mg/l	kg/day			
1,4-Dichlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
3,3-Dichlorobenzidine	<input type="checkbox"/>								mg/l	kg/day			
Diethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Dimethyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Butyl Phthlate	<input type="checkbox"/>								mg/l	kg/day			
2,4-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
2,6-Dinitrotoluene	<input type="checkbox"/>								mg/l	kg/day			
Di-N-Octyl Phthalate	<input type="checkbox"/>								mg/l	kg/day			
1,2-Diphenylhydrazine (as Azobenze	<input type="checkbox"/>								mg/l	kg/day			
Fluoranthene	<input type="checkbox"/>								mg/l	kg/day			
Fluorene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobenzene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorobutadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachlorocyclopentadiene	<input type="checkbox"/>								mg/l	kg/day			
Hexachloroethane	<input type="checkbox"/>								mg/l	kg/day			
indeno (1,2,3-cd) Pyrene	<input type="checkbox"/>								mg/l	kg/day			
Isophorone	<input type="checkbox"/>								mg/l	kg/day			
Napthalene	<input type="checkbox"/>								mg/l	kg/day			
Nitrobenzene	<input type="checkbox"/>								mg/l	kg/day			

1. POLLUTANT	2. PRESENT ?	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE		
		a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES		a. LONG TERM AVERAGE VALUE		d. NO. OF ANALYSES
		(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			(1) CONCENTRATION	(2) MASS	
GC/MS Fraction - Base/Neutral Compounds												
N-Nitrosodimethylamine	<input type="checkbox"/>								mg/l	kg/day		
N-Nitrosodi-N-Propylamine	<input type="checkbox"/>								mg/l	kg/day		
N-Nitrosodiphenylamine	<input type="checkbox"/>								mg/l	kg/day		
Phenanthrene	<input type="checkbox"/>								mg/l	kg/day		
Pyrene	<input type="checkbox"/>								mg/l	kg/day		
1,2,4-Trichlorobenzene	<input type="checkbox"/>								mg/l	kg/day		
GC/MS Fraction - Pesticides												
Aldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-BHC	<input type="checkbox"/>								mg/l	kg/day		
Beta-BHC	<input type="checkbox"/>								mg/l	kg/day		
Gamma-BHC	<input type="checkbox"/>								mg/l	kg/day		
Delta-BHC	<input type="checkbox"/>								mg/l	kg/day		
Chlordane	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDT	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDE	<input type="checkbox"/>								mg/l	kg/day		
4,4-DDD	<input type="checkbox"/>								mg/l	kg/day		
Dieldrin	<input type="checkbox"/>								mg/l	kg/day		
Alpha-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Beta-Endosulfan	<input type="checkbox"/>								mg/l	kg/day		
Endosulfan Sulfate	<input type="checkbox"/>								mg/l	kg/day		
Endrin	<input type="checkbox"/>								mg/l	kg/day		
Endrin Aldehyde	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor	<input type="checkbox"/>								mg/l	kg/day		
Heptachlor Epoxide	<input type="checkbox"/>								mg/l	kg/day		
PCB-1242	<input type="checkbox"/>								mg/l	kg/day		
PCB-1254	<input type="checkbox"/>								mg/l	kg/day		
PCB-1221	<input type="checkbox"/>								mg/l	kg/day		
PCB-1232	<input type="checkbox"/>								mg/l	kg/day		
PCB-1248	<input type="checkbox"/>								mg/l	kg/day		
PCB-1260	<input type="checkbox"/>								mg/l	kg/day		
PCB-1016	<input type="checkbox"/>								mg/l	kg/day		
Toxaphene	<input type="checkbox"/>								mg/l	kg/day		

EPA ID Number

U.S. ENVIRONMENTAL PROTECTION AGENCY

FORM
2F
NPDES

EPA

Application for Permit to Discharge Storm Water
Discharges Associated with Industrial Activity

I. Outfall Location

OUTFALL NUMBER	LATITUDE			LONGITUDE			RECEIVING WATER
	DEG.	MIN.	SEC.	DEG.	MIN.	SEC.	
001	41	17	16	84	19	1	Maumee River
002	41	17	39	84	18	58	Maumee River
004	41	17	38	84	19	3	Maumee River
005	41	17	35	84	17	56	Maumee River

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any Implication schedule for the construction, upgrading, or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative, or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the discharge area of each storm water outfall; paved areas and buildings within the drainage area or each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Please view the Stormwater File for the requested information.

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored, or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Sp metals are stored outside for recycling and managed properly. Sand and dust from foundry dust collectors are stored outside for recycling and disposal in the on-site landfill. Dust is properly managed per inspections and local job procedures.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Please view the Stormwater File for the requested information.

V. Nonstormwater Discharges

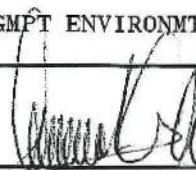
A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are being identified in either an accompanying Form 2C or Form 2E application for the outfall.

NAME AND OFFICIAL TITLE

Thomas W Neelands

Global Director

SIGNATURE



RUSSELL S. GRIFFIN

DATE SIGNED

03/27/2008

Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

here is an annual stormwater sampling event for Outfalls #004 and #005. This stormwater sampling event is sampled and analyzed according to the requirements listed in the NPDES permit. During this sampling event a grab and a composite sample of collected stormwater is analyzed for the parameters listed in the NPDES permit.

I. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

No reportable spills or leaks have occurred in the last three years.

II. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.

Tables VII-A, VII-B, VII-C are included on separate sheets numbered VII-1 and VII-2.

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

Date of Event	Duration (in minutes)	Total rainfall during storm event (in inches)	Number of hours between beginning of storm measured and end of previous measureable rain event	Maximum flow rate during rain event (in gallons/minute)	Total flow from rain event (in gallons)
07/11/2006	4320	3	120	200	60216
11/12/2007	2880	1	120	100	7957
01/08/2008	2880	1	120	100	90905
06/08/2006	1440	0	72	10	10080
09/08/2007	7200	1	288	10	50400
01/01/2008	2880	0	72	10	20160
01/08/2008	2880	1	120	50	112717

Provide a description of the method of flow measurement or estimate.

The flow rate on Outfall 004 is measured using a flowmeter. The flow rate on Outfall 005 is a calculated estimate.

E. Potential discharges not covered by analysis -- Is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or by product?

☐ Yes (list all such pollutants below)

☒ No (go to Section IX)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years?

☒ Yes (list all such pollutants below)

☐ No (go to Section IX)

As part of the current NPDES permit, the plant has conducted annual evaluations of acute and chronic toxicity. The results of the testing indicate that the plant effluent is less than 1.0 TUA and less than 1.0 TUC. The plant has used the following environmental laboratory to perform the effluent toxicity testing for the plant's NPDES requirements.

Global Environmental Consulting, LLC
223 W. Michigan Ave.
Clinton, MI 49236
(517) 456-6881

IX. Contract Analysis Information

Were any of the analysis reported in Item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☐ No (go to section X)

NAME	ADDRESS	TELEPHONE (area code & no.)	POLLUTANTS ANALYZED
Test America	4101 Shuffel Drive NW	(330) 497-9396	Biochemical Oxygen Demand Chemical Oxygen Demand (CO) Total Organic Carbon (TOC) Total Suspended Solids (TS) pH Nitrate-Nitrite (as N) Oil and Grease Phosphorus (as P), Total Nitrogen, Total Kjeldahl Cadmium, Total (Cd) Chlorine, Total Residual Copper, Total (Cu) Cyanide, Total Lead, Total (Pb) Mercury, Total Selenium, Total (Se) Arsenic, Total Magnesium, Total Bromide Color Fecal Coliform Flouride Nitrogen, Total Organic (2) Sulphate (as SO4) Sulphide (as S) Surfactants Aluminum, Total Barium, Total Boron, Total Cobalt, Total Iron, Total Molybdenum, Total Manganese, Total Tin, Total Titanium, Total Antimony, Total Beryllium, Total Chromium, Total Nickel, Total Silver, Total Thallium, Total Zinc, Total Phenols, Total
	North Canton OH 44720		

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

Thomas W. Neekands Global Director

B. PHONE NO. (area code & no.)

248-753-4296

C. SIGNATURE

RUELO S. CAMP

D. DATE SIGNED

03/27/2008

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. Press F1 for additional details.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Biochemical Oxygen Demand (BO		mg/l	kg/day	mg/l	kg/day		
Chemical Oxygen Demand (COD)		mg/l	kg/day	mg/l	kg/day		
Total Suspended Solids (TSS)		mg/l	kg/day	mg/l	kg/day		
pH							
Nitrate-Nitrite (as N)		mg/l	kg/day	mg/l	kg/day		
Oil and Grease		mg/l	kg/day	mg/l	kg/day		
Phosphorus (as P), Total	7723-14-0	mg/l	kg/day	mg/l	kg/day		
Nitrogen, Total Kjeldahl		mg/l	kg/day	mg/l	kg/day		

Part B - List each parameter that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. Press F1 for additional details and instructions.

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know of have reason to believe is present. Press F1 for the tables and for additional details and requirements. Complete one table for each outfall.

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. Press F1 for additional details.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Biochemical Oxygen Demand (BO		mg/l	kg/day	mg/l	kg/day		
Chemical Oxygen Demand (COD)		mg/l	kg/day	mg/l	kg/day		
Total Suspended Solids (TSS)		mg/l	kg/day	mg/l	kg/day		
pH							
Nitrate-Nitrite (as N)		mg/l	kg/day	mg/l	kg/day		
Oil and Grease		mg/l	kg/day	mg/l	kg/day		
Phosphorus (as P), Total	7723-14-0	mg/l	kg/day	mg/l	kg/day		
Nitrogen, Total Kjeldahl		mg/l	kg/day	mg/l	kg/day		

Part B - List each parameter that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. Press F1 for additional details and instructions.

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know of have reason to believe is present. Press F1 for the tables and for additional details and requirements. Complete one table for each outfall.

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. Press F1 for additional details.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Biochemical Oxygen Demand (BO)		6 mg/l	1 kg/day	3 mg/l	0 kg/day	3	
Chemical Oxygen Demand (COD)		180 mg/l	5 kg/day	98 mg/l	13 kg/day	3	
Total Suspended Solids (TSS)		900 mg/l	179 kg/day	613 mg/l	83 kg/day	3	
pH		9		9		3	
Nitrate-Nitrite (as N)		1 mg/l	0 kg/day	mg/l	kg/day	1	
Oil and Grease		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Phosphorus (as P), Total	7723-14-0	1 mg/l	0 kg/day	mg/l	kg/day	1	
Nitrogen, Total Kjeldahl		5 mg/l	1 kg/day	4 mg/l	1 kg/day	3	

Part B - List each parameter that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. Press F1 for additional details and instructions.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Arsenic, Total (As)	7440382	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Barium Total (Ba)	7440393	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Cadmium, Total (Cd)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Carbon, Total Organic (TOC)		10 mg/l	0 kg/day	8 mg/l	1 kg/day	3	
Chromium, Total		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Copper, Total (Cu)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Cyanide, Total	40	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Lead, Total (Pb)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Mercury, Total (Hg)	7439976	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Nitrogen, Ammonia (NH3)	7664-41-7	2 mg/l	0 kg/day	1 mg/l	0 kg/day	3	
Selenium, Total (Se)	7782492	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Silver, Total (Ag)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know of have reason to believe is present. Press F1 for the tables and for additional details and requirements. Complete one table for each outfall.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Aluminum, Total	7429-90-5	7 mg/l	1 kg/day	mg/l	kg/day	1	
Boron, Total	7440-42-8	0 mg/l	0 kg/day	mg/l	kg/day	1	
Color		60 mg/l	kg/day	mg/l	kg/day	1	

Pollutant	CAS Number	Maximum Values (incl. units)		Average Values (incl. units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Fecal Coliform		98 mg/l	17 kg/day	mg/l	kg/day	1	
Flouride	16984-48-8	5 mg/l	0 kg/day	6 mg/l	1 kg/day	2	
Iron, Total	7439-89-6	34 mg/l	7 kg/day	21 mg/l	3 kg/day	3	
Magnesium, Total	7439-95-4	12 mg/l	2 kg/day	10 mg/l	1 kg/day	3	
Manganese, Total	7439-96-5	1 mg/l	0 kg/day	1 mg/l	0 kg/day	3	
Sulphate (as SO4)	14808-79-8	60 mg/l	11 kg/day	54 mg/l	7 kg/day	2	
Titanium, Total	7440-32-6	0 mg/l	0 kg/day	mg/l	kg/day	1	
Zinc, Total	7440-66-6	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. Press F1 for additional details.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Biochemical Oxygen Demand (BO)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Chemical Oxygen Demand (COD)		15 mg/l	1 kg/day	5 mg/l	0 kg/day	3	
Total Suspended Solids (TSS)		140 mg/l	5 kg/day	56 mg/l	2 kg/day	3	
pH		8		8		3	
Nitrate-Nitrite (as N)		1 mg/l	0 kg/day	mg/l	kg/day	1	
Oil and Grease		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Phosphorus (as P), Total	7723-14-0	0 mg/l	0 kg/day	mg/l	kg/day	1	
Nitrogen, Total Kjeldahl		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	

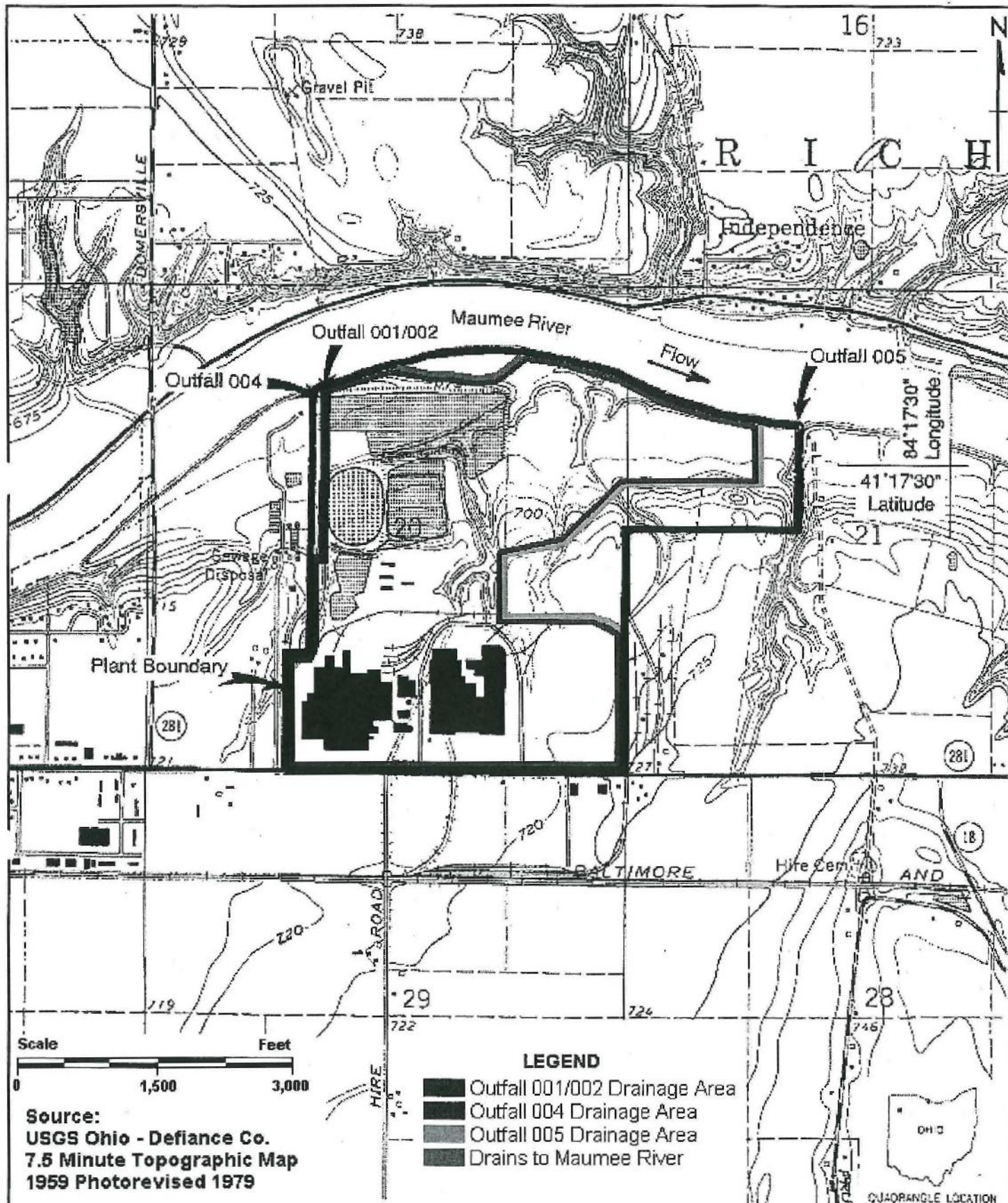
Part B - List each parameter that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. Press F1 for additional details and instructions.

Pollutant	CAS Number	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Arsenic, Total (As)	7440382	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Barium Total (Ba)	7440393	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Cadmium, Total (Cd)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Carbon, Total Organic (TOC)		8 mg/l	0 kg/day	7 mg/l	0 kg/day	3	
Chloride, Total		21 mg/l	1 kg/day	16 mg/l	1 kg/day	2	
Chromium, Total		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Copper, Total (Cu)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Cyanide, Total		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Fluoride, Total (F)		2 mg/l	0 kg/day	2 mg/l	0 kg/day	3	
Iron, Total (Fe)		3 mg/l	0 kg/day	2 mg/l	0 kg/day	3	
Lead, Total (Pb)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Magnesium, Total (Mg)	7439954	38 mg/l	1 kg/day	32 mg/l	1 kg/day	3	
Manganese, Total		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Mercury, Total (Hg)	7439976	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Nitrogen, Ammonia (NH3)	7664-41-7	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Phenolic 4AAP, Total		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Selenium, Total (Se)	7782492	0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Silver, Total (Ag)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	
Sulfate, (SO4)	14808798	85 mg/l	3 kg/day	80 mg/l	3 kg/day	3	
Zinc, Total (Zn)		0 mg/l	0 kg/day	0 mg/l	0 kg/day	3	

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know of have reason to believe is present. Press F1 for the tables and for additional details and

requirements. Complete one table for each outfall.

Pollutant	CAS Number	Maxim. values (include units)		Ave. values (include units)		Number of Storm Events Sampled	Sources of Pollutants
		Grab Sample Taken During First 20 Minutes	Flow- weighted Composite	Grab Sample Taken During First 20 Minutes	Flow- weighted Composite		
Aluminum, Total	7429-90-5	0 mg/l	0 kg/day	mg/l	kg/day	1	
Boron, Total	7440-42-8	0 mg/l	0 kg/day	mg/l	kg/day	1	
Color		10 mg/l	kg/day	mg/l	kg/day	1	



PROJECT NO.:
3598-64

FIGURE NO.:

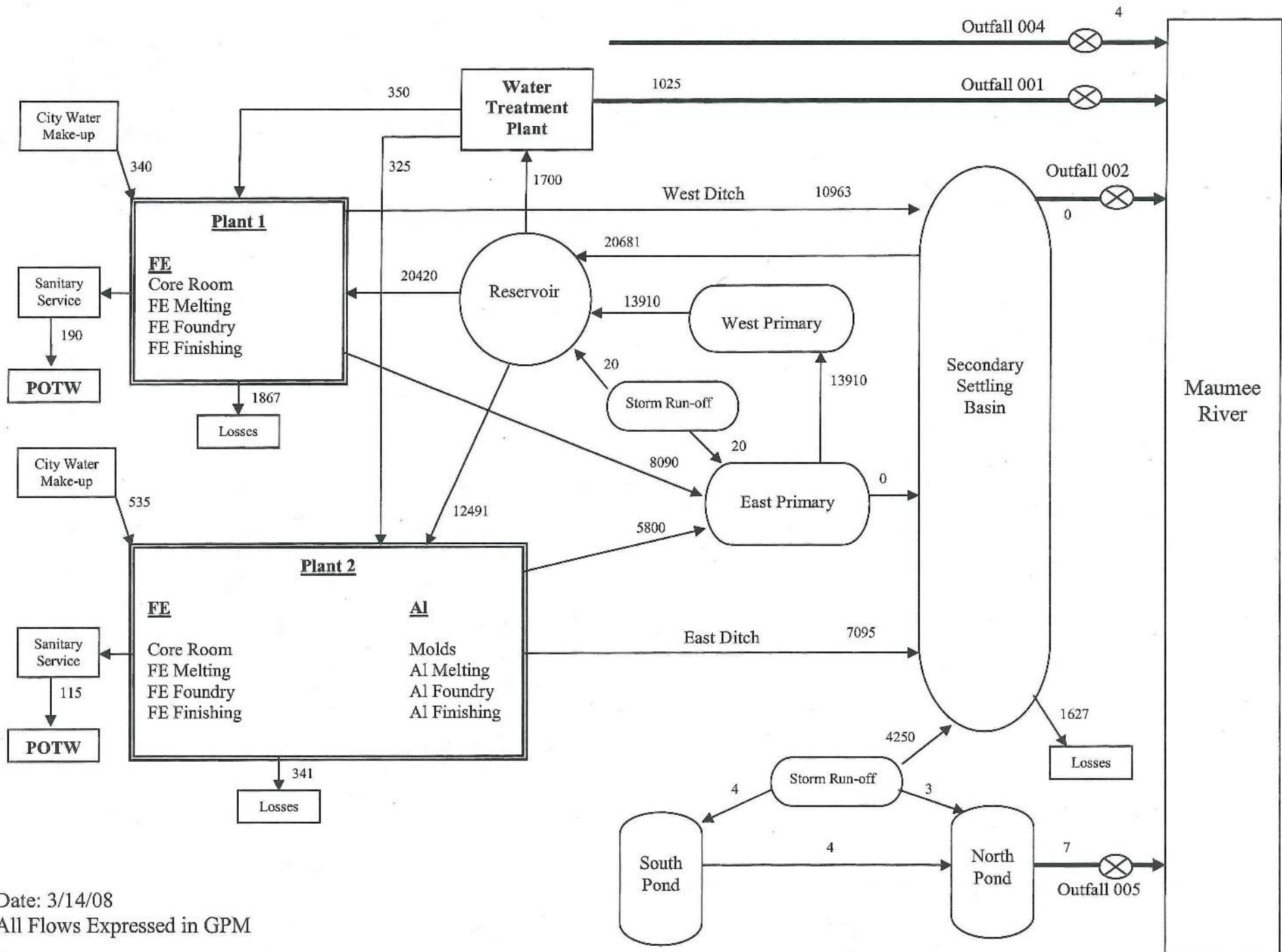
Figure 1

General Motors Corporation
Defiance, Ohio

Topographic Map and Drainage Area

DWN BY: MP	CHK'D BY SA	SCALE
APPR BY:	DATE 07/29/98	FILE NAME Figure 1.ppt

GMPT Defiance Water Balance



Date: 3/14/08

All Flows Expressed in GPM



DIVISION OF SURFACE WATER

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OHIO EPA
M.W.D.O.

Antidegradation Addendum

In accordance with Ohio Administrative Code 3745-1-05 (Antidegradation), additional information may be required to complete your application for a permit to install or NPDES permit. For any application that may result in an increase in the level of pollutants being discharged (NPDES and/or PTI) or for which there might be activity taking place within a stream bed, the processing of the permit(s) may be required to go through procedures as outlined in the antidegradation rule. The rule outlines procedures for public notification and participation as well as procedures pertaining to the levels of review necessary. The levels of review necessary depend on the degradation being considered/requested. The rule also outlines exclusions from portions of the application and review requirements and waivers that the Director may grant as specified in Section 3745-1-05(D) of the rule. Please complete the following questions. The answers provided will allow the Ohio EPA to determine if additional information is needed. All projects that require both an NPDES and PTI should submit both applications simultaneously to avoid going through the antidegradation process separately for each permit.

A. Applicant: General Motors Powertrain Refinishing Plant
Facility Owner: General Motors Corporation
Facility Location (city and county): Defiance, Defiance County
Application or Plans Prepared By: Jahi White
Project Name: NPDES Renewal
NPDES Permit Number (if applicable): 2 IN 00004 #HA

B. Antidegradation Applicability

Is the application for? (check as many as apply):

- ☒ Application with no direct surface water discharge (Projects that do not meet the applicability section of 3745-1-05(B)1, i.e., on-site disposal, extensions of sanitary sewers, spray irrigation, indirect discharger to POTW, etc.). (Complete Section E)
- ☐ Renewal NPDES application or PTI application with no requested increase in loading of currently permitted pollutants. (Complete Section E, Do not complete Sections C or D).
- ☐ PTI and NPDES application for a new wastewater treatment works that will discharge to a surface water. (Complete Sections C and E)
- ☐ An expansion/modification of an existing wastewater treatment works discharging to a surface water that will result in any of the following (PTI and NPDES): (Complete Sections C and E)
- ▶ addition of any pollutant not currently in the discharge, or
 - ▶ an increase in mass or concentration of any pollutant currently in the discharge, or
 - ▶ an increase in any current pollutant limitation in terms of mass or concentration.

sewer service outlined in state or local water quality management planning documents and applicable facility planning documents.

- b. List and describe all government and/or privately sponsored conservation projects that may have been or will be specifically targeted to improve water quality or enhance recreational opportunities on the affected water resource.
- c. Provide a brief description below of all treatment/disposal alternatives evaluated for this application and their respective operational and maintenance needs. (If additional space is needed please attach additional sheets to the end of this addendum).

Preferred design alternative:

Non-degradation alternative(s):

Minimal degradation alternative(s):

Mitigative technique/measure(s):

At a minimum, the following information must be included in the report for each alternative evaluated.

- d. Outline of the treatment/disposal system evaluated, including the costs associated with the equipment, installation, and continued operation and maintenance.
- e. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.
- f. Describe the reliability of the treatment/disposal system, including but not limited to the possibility of recurring operation and maintenance difficulties that would lead to increased degradation.
- g. Describe any impacts to human health and the overall quality and value of the water resource.
- h. Describe and provide an estimate of the important social and economic benefits to be realized through this proposed project. Include the number and types of jobs created and tax revenues generated.
- i. Describe environmental benefits to be realized through this proposed project.
- j. Describe and provide an estimate of the social and economic benefits that may be lost as a result of this project. Include the impacts on commercial and recreational use of the water resource.